




MEMORANDUM

Date: June 28, 2023

To: Subrecipient agencies

From: Jennifer Voit, Chief 
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Sexual Assault Services Program (SASP) Applications (SA24)
Jan. 1, 2024 – Dec. 31, 2024

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

All electronic applications and attachments are **due by 4 p.m., Monday, Aug. 7, 2023.** Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at <https://odh.ohio.gov/about-us/funding-opportunities/sfy-23/sa-23-sexual-assault-services>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Corina Klies at corina.klies@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

 x Base Only Funding Base and Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive solicitation. This solicitation pertains to budget period: Jan. 1, 2024 – Dec. 31, 2024, of the total project period, Jan. 1, 2023 – Dec. 31, 2024. Reference the competitive solicitation for more information.

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

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

- B. Number of Grants and Funds Available:** Approximately \$800,000 in federal funds are available for funding. Funding levels will depend upon the number and size of the proposals received. Selection will be based on recommendations of the review panel, quality of each applicant, justification for the funding request and adherence to the goals and objectives outlined in this RFP. Only currently funded agencies are eligible for funding, and funding amounts may exceed first year funding levels with appropriate justification in the project narrative, though not to exceed \$150,000.

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.

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4 p.m. on Monday, Aug. 7, 2023.**

II. PROGRAM UPDATES:

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

- A. Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** For SA23 grant recipients, your up-to-date program report in GMIS meets this requirement, no additional attachment is needed.
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

All applicants should, at minimum, include a statement that the 2023 workplan has been reviewed and either no changes are proposed, or thoroughly explain any changes necessary.

All applicants should include in this section that the agency has solicited feedback from the communities of focus applicant is serving that supports why changes are being made or why the current plan is sufficient.

For any planned changes, this should be a very short listing of changes you plan from the current year in your training, community engagement and direct services work. List only changes here. For substantial changes, such as reaching out to a new population, be sure to document here the reason for reaching the new population, including the content listed in the Competitive Solicitation for your selected population. For other changes, refer to the competitive solicitation and/or check with your program consultant for needed documentation of the change. *You will be providing additional information about each of these three areas of work in the next section.*

- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMARTIE - <https://givingusa.org/be-a-smartie-an-equity-forward-approach-to-goal-setting>) objectives and submit an updated work plan. Reference the competitive solicitation for information. This should be based on a review of the Progress Plans submitted to date.

The updated work plan should be in the form of the Excel document, which will be sent to all applicants upon receipt of the “reimbursement type form” (Appendix A). For this continuation year, your timeline will be incorporated into each item listed in the Excel document; a separate timeline is not requested.

For the additional information requested in this section, continue the narrative document that starts with the Program Narrative listed above (B) by responding to the following:

1. Category A: Training –

For all training, provide a short narrative of current status (met, ongoing, or unmet), major findings, and barriers and how barriers were addressed. Refer to your current excel workplan and for each item you report on, provide the above information. This can be in a table format if you prefer.

2. Category B: Community Engagement –

Affirm that community engagement activities are informed by community of focus feedback.

For all community engagement, provide a short narrative of current status (met, ongoing, or unmet), major findings, and barriers and how barriers were addressed. Refer to your current excel workplan and for each item you report on, provide the above information. This can be in a table format if you prefer.

3. Category C: Direct Services –

Direct services refer to activities that will be reported in the annual federal reporting.

For all direct services, provide a short narrative of current status (met, ongoing, or unmet), major findings, and barriers and how barriers were addressed. You don’t need to itemize each type of service, report overall on services for survivors including extent of need and ability to respond to requested services.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the competitive solicitation relating to health equity. This information must be supported by data. Continuation solicitations should prepare a summary of activities completed during the previous funding period, to outreach to the priority populations and/or neighborhoods specified in their plan.

Additional Health Equity Resources:

- American Public Health Association: <https://apha.org/Topics-and-Issues/Health-Equity>

Program Requirement: Provide a statement of affirmation that all programmatic, fiscal, and administrative staff who will be working on SA24 have previously completed or will complete one of the following trainings:

1. <http://kirwaninstitute.osu.edu/implicit-bias-training>
2. <http://rootsofhealthinequity.org/about-course.php>
3. <https://www.colorado.gov/pacific/cdphe/suite-of-tools>
4. <http://www.racialequitytools.org/act/communicating/implicit-bias>

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

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

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

<https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=994056>

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

2. **[2024] Budget via GMIS:** Complete requested budget information as follows:

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

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. In-patient 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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo).
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional items.
22. Office furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. Sexual assault forensic examiner projects.
24. Activities focused on prevention education efforts (e.g., bystander intervention, social norms campaigns, presentations on healthy relationships, etc.).
25. Projects focused on training allied professionals and/or communities.
26. Establishment or maintenance of Sexual Assault Response Teams.
27. Criminal justice-related projects, including law enforcement, prosecution, courts and forensic interviews.
28. Providing domestic violence services unrelated to sexual violence.
29. Costs associated with attorney representation in legal proceedings **except** for U-visa and T-visa cases connected to sexual assault.
30. Food and beverage/costs for refreshments and meals.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

4. Indirect (Facilities and Administration):

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

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

Base the budget solely upon direct costs.

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

F. Other Application Requirements:

Program Specific Attachment: Workplan/Program Report (Excel) (Appendix D)

USDOJ requirements:

1. Determinations of suitability to interact with participating minors.

This condition applies to this award if it is indicated — in the application for the award (as approved by DOJ) (or in the application for any subaward at any tier), the DOJ funding announcement (solicitation), or an associated federal statute — that a purpose of some or all of the activities to be carried out under the award (whether by the recipient or a subrecipient at any tier) is to benefit a set of individuals under 18 years of age. The recipient, and any subrecipient at any tier, must make determinations of suitability before certain individuals may interact with participating minors. This requirement applies regardless of an individual's employment status. The details of this requirement are posted on the OVW web site at <https://www.justice.gov/ovw/award-conditions> (**Award condition:** Determination of suitability required, in advance, for certain individuals who may interact with participating minors) and are incorporated by reference here.

2. Office on Violence Against Women (OVW) Training Guiding Principles. The recipient understands and agrees that any training or training materials developed or delivered with funding provided under this award must adhere to the OVW Training Guiding Principles for Grantees and Subgrantees, available at <https://www.justice.gov/ovw/resources-and-faqs-grantees#Discretionary>.

3. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination — 28 C.F.R. Part 42. The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 42, specifically including any applicable requirements in Subpart E of 28 C.F.R. Part 42 that relate to an equal employment opportunity program.

4. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination — 28 C.F.R. Part 38 The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 38, specifically including any applicable requirements regarding written notice to program beneficiaries and prospective program beneficiaries. Among other things, 28 C.F.R. Part 38 includes rules that prohibit specific forms of discrimination on the basis of religion, a religious belief, a refusal to hold a religious belief, or refusal to attend or participate in a religious practice. Part 38 also sets out rules and requirements that pertain to recipient

and subrecipient (“subgrantee”) organizations that engage in or conduct explicitly religious activities, as well as rules and requirements that pertain to recipients and subrecipients that are faith-based or religious organizations.

5. **Compliance with DOJ regulations pertaining to civil rights and nondiscrimination — 28 C.F.R. Part 54.** The recipient, and any subrecipient (“subgrantee”) at any tier, must comply with all applicable requirements of 28 C.F.R. Part 54, which relates to nondiscrimination on the basis of sex in certain “education programs.”
6. **Encouragement of policies to ban text messaging while driving.** Pursuant to Executive Order 13513, “Federal Leadership on Reducing Text Messaging While Driving,” 74 Fed. Reg. 51225 (Oct. 1, 2009), DOJ encourages recipients and subrecipients (“subgrantees”) to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this award, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.
7. **VAWA 2013 nondiscrimination condition.** The recipient acknowledges that 34 U.S.C. § 12291(b)(13) prohibits recipients of OVW awards from excluding, denying benefits to, or discriminating against any person on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability in any program or activity funded in whole or in part by OVW. Recipients may provide sex-segregated or sex-specific programming if doing so is necessary to the essential operations of the program, so long as the recipient provides comparable services to those who cannot be provided with the sex-segregated or sex-specific programming. The recipient agrees that it will comply with this provision. The recipient also agrees to ensure that any subrecipients (“subgrantees”) at any tier will comply with this provision.
8. **Confidentiality and information sharing.** The recipient agrees to comply with the provisions of 34 U.S.C. § 12291(b)(2), nondisclosure of confidential or private information, which includes creating and maintaining documentation of compliance, such as policies and procedures for release of victim information. The recipient also agrees to comply with the regulations implementing this provision at 28 CFR 90.4(b) and “Frequently Asked Questions (FAQs) on the VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2))” on the OVW website at <https://www.justice.gov/ovw/resources-and-faqs-grantees>. The recipient also agrees to ensure that all subrecipients (“subgrantees”) at any tier meet these requirements.
9. **Activities that compromise victim safety and recovery or undermine offender accountability.** The recipient agrees that grant funds will not support activities that compromise victim safety and recovery or undermine offender accountability, such as: procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the subindustry, or the age and/or sex of their children; procedures or policies that compromise the confidentiality of information and privacy of persons receiving OVW-funded services; procedures or policies that impose requirements on victims in order to receive services (e.g., seek an order of protection, receive counseling, participate in couples’ counseling or mediation, report to law enforcement, seek civil or criminal remedies, etc.); procedures or policies that fail to ensure service providers conduct safety planning with victims; project design and budgets that fail to account for the access needs of participants with disabilities and participants who have limited English proficiency or are deaf or hard of hearing; or any other activities outlined in the solicitation or companion guide under which the application was submitted.
10. **Policy for response to workplace-related incidents of sexual misconduct, domestic violence, and dating violence.** The recipient, and any subrecipient at any tier, must have a policy, or issue a policy within 270 days of the award date, to address workplace-related incidents of sexual misconduct, domestic violence, and dating violence involving an employee, volunteer, consultant, or contractor. The details of this requirement are posted on the OVW web site at <https://www.justice.gov/ovw/award-conditions> (**Award Condition:** Policy for response to

workplace-related sexual misconduct, domestic violence, and dating violence), and are incorporated by reference here.

- 11. ODH must approve, in advance, the content of any work produced under this grant.** The recipient agrees that all materials and publications (written, web-based, audio-visual, or any other format) resulting from subaward activities shall contain and clearly state the following:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, Sexual Assault and Domestic Violence Prevention Program, through Subgrant No. (get number from ODH) awarded by the state administering office for the Office on Violence Against Women, U.S. Department of Justice’s SAS Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/ exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice.”

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form, and current address.

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the *Complete* button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. 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.)

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

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

G. Human Trafficking:

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

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

 X Applicable to SA24

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

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

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

Period	Report Due Date
Jan. 1-31, 2024	Feb. 10, 2024
Feb. 1-29, 2024	March 10, 2024
March 1-31, 2024	April 10, 2024
April 1-30, 2024	May 10, 2024
May 1-31, 2024	June 10, 2024
June 1-30, 2024	July 10, 2024
July 1-31, 2024	Aug. 10, 2024
Aug. 1-31, 2024	Sept. 10, 2024
Sept. 1-30, 2024	Oct. 10, 2024
Oct. 1-31, 2024	Nov. 10, 2024
Nov. 1-30, 2024	Dec. 10, 2024
Dec. 1-31, 2024	Jan. 10, 2025

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

[Period	Report Due Date
Jan. 1 – 31, 2024	Feb. 10, 2024
Feb. 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	Aug. 10, 2024
Aug. 1 – 31, 2024	Sept. 10, 2024
Sept. 1 – 30, 2024	Oct. 10, 2024
Oct. 1 – 31, 2024	Nov. 10, 2024
Nov. 1 – 30, 2024	Dec. 10, 2024
Dec. 1 – 31, 2024	Jan. 10, 2025

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

Period	Report Due Date
Jan. 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – Sept. 30, 2024	Oct. 10, 2024
Oct. 1 – Dec. 31, 2024	Jan. 10, 2025

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted via GMIS by 4 p.m. on or before Feb. 5, 2025. 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.

d. Federal Annual Reporting:

*The Annual Progress Report for Sexual Assault Services Formula Grant Program **is due Jan. 31, 2025**.*

Reporting document can be found here:

<https://www.vawamei.org/wp-content/uploads/2018/01/SASPSubgranteeFormGMS.2.29.16.pdf>

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the Submit or Approve button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation ReimbursementType Form.
- B. B1 Deliverable — Objective Descriptions (if applicable)B2
Deliverable — Objective Allocations (if applicable).
- C. Evidence of Health Equity Strategies Checklist [Other Program Documents (Program should list each document included)].
- D. Other Program Documents:
Workplan/Program Reporting Template.

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health
of Bureau of Health Improvement
and Wellness

*ODH Program Title: Sexual Assault
Services Program SA24*

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by July 5, 2024

Deliver Requests to Maria Kapenda

Scan & Email: maria.kapenda@odh.ohio.gov

Appendix B1

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario #:

_____ **Base and Deliverables**

_____ **Deliverables Only**

Deliverable — Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.

- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

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

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Appendix D

SA23 SASP Workplan															
Jan. 1, 2024 to Dec. 31, 2024															
Agency Name:															
Instructions: This is your work plan. You will fill out and submit it on the application page in GMIS. You may enter more lines for additional activities. If you are funded, this will double as your Program Report that you will fill out and upload in to GMIS monthly.															
Period you are reporting on: Enter here ODH Project Number: Enter here															
Category 1: Training	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	Total	
Objective 1-A: Basic Training															
Training for staff/volunteers prior to work with survivors that meets the core standards. Trainings should meet 40-hour minimum "Ohio Core Rape Crisis Standards" (OAESV, 2016) p. 10.															Agency will have on file and available for ODH review:
Activity 1: Training for new staff. <i>To be reported as one completed training after the full 40 hour or longer training is complete.</i>															Names of those trained, location and dates of training, training agenda including presenter names

Subgrantee response: (Include planned timeline - for example, in June and September, or whatever is planned)																
Objective total for this reporting period																
Category 1: Training	Jan	Feb	Marc	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	Total		
Objective 1-B: Advanced Training																
Objective 1-B: Advanced training for agency staff who will have primary responsibility to provide crisis intervention services to identified culturally specific survivors of sexual violence.															Agency will have on file and available for ODH review:	
On-going/advanced training. <i>To be reported in the column for each month, list the number of trainings attended in total by all staff, for example if one person attended one training and a different person attended that training and an additional training in the same month, the number to report would be "3."</i> Subgrantee Response: (Include planned timeline - for example, quarterly, or in June and September, or whatever is planned)															Names of those trained, location and dates of training, training agenda including presenter names	
<i>In this box, cumulative throughout the year, list training title/staff person/date trained. For example: "Prevent Connect Webinar on health equity, Jane Doe, 1/21/23".</i> <i>Put all reporting text in this column "A". Columns "B" - "O" should not be used.</i>																

Category 1: Training	Jan	Feb	Marc	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Total	
Training to Recognize, Respond, Refer															
Objective 2-A: ODH-funded project will provide staff trainings for a CSCO to train their staff to recognize, respond, and refer clients who are survivors of sexual violence.															Agency will have on file and available for ODH review:
<p>Training provided to a CSCO. <i>To be reported in the column for each month, list the number of trainings provided.</i></p> <p>Subgrantee response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)</p>															Names of those trained, location and dates of training, training agenda including presenter names. Evaluation summary.
<p><i>In this box, cumulative throughout the year, list the agency trained, date of training, and number of people trained. For example: "ABC community center, 1/21/23, 9 people trained."</i></p> <p><i>Put all reporting text in this column "A". Columns "B" - "O" should not be used.</i></p>															
Category 1: Training	Jan	Feb	Marc	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Total	
Objective 2-B: ODH-funded project will provide staff trainings for staff of other local agencies that have a client base that is primarily the culturally specific community to be reached to recognize, respond, and refer clients who are survivors of sexual violence to the ODH-funded project. Include planned timeline.															Agency will have on file and available for ODH review:

<p>Training provided to other local agency that serves the population of focus. <i>To be reported in the column for each month, list the number of trainings provided.</i></p> <p>Subgrantee response: (Include planned timeline – for example, monthly, or in June and September, or whatever is planned)</p>																Names of those trained, location and dates of training, training agenda including presenter names. Evaluation summary.
<p><i>In this box, cumulative throughout the year, list the agency trained, date of training, and number of people trained. For example: "ABC community center, 1/21/23, 9 people trained."</i></p> <p><i>Put all reporting text in this column "A". Columns "B" - "O" should not be used.</i></p>																
<p>Category 1: Training/Networking</p>	Jan	Feb	Marc	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	Total		
<p>Objective 2-C: Hold meetings with mainstream service providers and other culturally specific providers, (who also serve clients appropriate to refer to the ODH-funded agencies) to introduce them to agency services; educate them about culturally-specific issues; educate them about best practice and how to refer the ODH-funded agency for services; and/or collaborate on specific initiatives to reach the culturally specific population. (For example - IROC, SARNCO coalition)</p>															Agency will have on file and available for ODH review:	
<p>Meetings held. <i>To be reported in the column for each month, list the number of meetings attended.</i></p>															Sign-In Sheets, Agenda with Title, Date and Time, Evaluative Summary	

Subgrantee Response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)																	
<i>In this box, cumulative throughout the year, list the name of the meeting, meeting date, and number of people in attendance. For example: "Public Health meeting, 1/21/23, 9 people attended."</i> <i>Put all reporting text in this column "A". Columns "B" - "O" should not be used.</i>																	

Sign-In Sheets, Agenda with Title, Date and Time, Evaluative Summary

SA23 SASP Workplan																	
Jan. 1, 2023 to Dec. 31, 2023																	
Instructions: This is your work plan. You will fill out and submit it on the application page in GMIS. You may enter more lines for additional activities. If you are funded, this will double as your Program Report that you will																	
Category - 2 Community Engagement	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Total	Total			
Community Engagement																	
Objective 1-A: Category: ODH-funded project will partner with agencies to screen and refer their clients. 1. Sign an interagency agreement with a partner agency for planned. staff training and screening of clients of the partner agency. 2. Hold meetings to establish or maintain these partnerships. 3. Screening of new clients.																	
Activity 1: Sign an interagency agreement with partner agency/agencies also working with the population to be reached for planned staff training and screening of clients of the partner agency. Specify the planned number of CSCO partner agencies and the number of other agencies. <i>List the number of interagency agreements signed.</i>																	

Subgrantee Response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)															
<i>In this box, list cumulatively the name of each partner agency with whom an agreement has been signed. Specify whether the agency is a CSCO.</i> <i>Put all reporting text in this column "Q". Columns "C" - "P" should not be used.</i>															
Activity 2: Meetings to establish/maintain relationships with partner agencies, either seeking to implement an inter-agency agreement or implementing a signed agreement. <i>List the number of meetings per month.</i> Subgrantee Response: (Include planned timeline – for example, monthly, or in June and September, or whatever is planned)														0	
Activity 3: Culturally-specific organization staff (previously trained, Category 1, Objective 2-B) will screen new clients for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately). <i>Number of agencies that submit a monthly report on new client screening each month.</i> Subgrantee response: (Include planned timeline – for example, monthly, or in June and September, or whatever is planned)														0	
Category 2 - Community Engagement	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	YTD	Total	
Objective 1-B: ODH-funded project will: <u>Hold meeting with representatives of the CSC</u> (funded agency staff/volunteers, community leaders, and lay community members) to be reached to develop, review, approve, and oversee implementation of the Community Engagement Outreach Plan.															
Activity 1: Meetings to develop, review, revise and approve Community Engagement Outreach Plan, oversee implementation, and participate in updates as needed. <i>List number of meetings per month</i> Subgrantee Response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)														0	

Category 2 - Community Engagement	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	YTD	Total
This section will be informed by your Community Engagement Outreach Plan - work with ODH staff to confirm what to plan in advance of a completed plan, and how to update the section once the plan is finalized.														
Objective 1-C: ODH funded project will: 1. Attend outreach community or neighborhood events to reach members of the population of focus. 2. Create and post social media messages. 3. Place ads in CSCO-specific newspapers.														
Activity 1: Attend outreach community or neighborhood events to reach members of the population of focus. <i>Number of events attended per month</i> Subgrantee response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)													0	
Activity 2: Social Media Campaign as defined in your outreach plan: May include ODH- funded agency posting on partner websites, Partner Shout-outs, and limited social media ads. <i>Number of unique posts/ads/etc. per month</i> Subgrantee Response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)													0	
Activity 3: Ads in CSCO-Specific Newspapers/Bulletins. <i>Number of ads/articles included in materials distributed to the community per month</i> Subgrantee Response: (Include planned timeline - for example, monthly, or in June and September, or whatever is planned)													0	
Activity 4: Additional items can be added with approval by ODH.														

SA23 SASP Workplan														
Jan. 1, 2023, to Dec. 31, 2023														
Instructions: This is your work plan. You will fill out and submit it on the application page in GMIS. <i>You may enter more lines for additional activities.</i> If you are funded, this will double as your Program Report for you to fill out and upload in to GMIS monthly.														
Category Name: Direct Service	January	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	YTD	Total
This Note that this reporting aligns with the US Department of Justice Annual Progress Report for Sexual Assault Services Grant Program (Also known as the Muskie Report.) This is a requirement for SASP recipients, and is submitted in March after each funding year. These are NOT INCLUSIVE of all required reporting – review the report to be sure all additional data is collected throughout the year. See the Report questions #16, 17, 18, 19 for full definitions of each type of service listed below.														
<i>Civil legal advocacy/court accompaniment - Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
<i>Counseling services/support group - Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
<i>Support Groups - number of sessions held per month</i>														

Criminal justice advocacy/court accompaniment - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Crisis Intervention - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Employment counseling- <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Financial counseling - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Hospital/clinic/other medical response - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Job training - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Material Assistance - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Transportation - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														
Victim/survivor advocacy - <i>Count each victim/survivor only once; do not report the number of times that service was provided to the victim.</i>														

Placeholder for reporting Holistic Services provided to survivors of sexual violence by funded agency or community agency/provider if a Holistic Services Form (Appendix) is submitted - reporting to be agreed on at time of approval for this work														
Hotline calls - <i>Number of calls/requests from primary victims/survivors</i>														
Hotline calls - <i>Total number of calls/requests</i>														
Walk in information and referrals - <i>Number of calls/requests from primary victims/survivors</i>														
Walk in information and referrals - <i>Total number of calls/requests</i>														
Web based information and referrals - <i>Number of calls/requests from primary victims/survivors</i>														
Web based information and referrals - <i>Total number of calls/requests</i>														
Outreach to victims/survivors (unsolicited letters, phone calls or visits) - <i>total number</i>														
Protection/restraining orders - <i>number requested</i>														
Protection/restraining orders - <i>number granted</i>														