



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

MEMORANDUM

Date: March 18, 2019

To: Subrecipient agencies

From: Anna Starr
Bureau of Maternal & Child Health
Ohio Department of Health

Subject: Sexual Risk Avoidance Program (SR20) October 1, 2019 – September 30, 2020

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

All electronic applications and attachments are due by 4:00 p.m., May 13, 2019. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. 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 Danielle Michael at 614-728-6034 or e-mail at Danielle.michael@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [October 1, 2019 – September 30, 2020] of the total project period, [October 1, 2018 – September 30, 2020]. Reference the competitive Solicitation for more information.

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

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

B. Number of Grants and Funds Available:

[Federal funds from the Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau will be supporting the Sexual Risk Avoidance Program. Only agencies currently funded through Ohio's Sexual Risk Avoidance program are eligible to apply. .

Each regional award will be equal to \$561,054 for a total of \$2,244,216. The Ridge Project is eligible to apply for Region 1. Relationships Under Constructing is eligible to apply for Regions 2, 3, and 4. Four regional awards are available. Due to the 100% reimbursement model, applicants must demonstrate the financial capacity of the agency to incur costs for up to 6-8 weeks before receiving a payment from ODH.

The grant will follow a “Pay for Performance” funding structure. For SFY20, each regional sub-grantee for the Sexual Risk Avoidance Program will be reimbursed after receipt of an expenditure report. Sub grantee will be able to receive monthly reimbursement based on completion of objectives 1-4. Objective 1: sub-grantee can receive a monthly reimbursement for percentage of students served in target counties. Objective 2: sub-grantee can receive a monthly reimbursement for sustainability activities. Objective 3: Sub-grantee will receive a monthly reimbursement for conducting at least one community involvement activity. Objective 4: Five percent of each sub-grantee’s award must be allocated for evaluation. |

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments

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

D. Qualified Applicants

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, May 13, 2019** |

II. Program Updates:

A. Program Progress Report: 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** | Progress should be reported via the FY2019 SRA Program Plan as submitted with the most recent approved application for 2019 |

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

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the

Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. See Appendix D to see template for Program Plan Instructions

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

Goals of the Sexual Risk Avoidance Program:

Goal 1: To develop a Sexual Risk Avoidance Program statewide that builds upon local efforts and is designed to meet the unique needs of families, youth and schools in each community where the programs are implemented.

Goal 2: To provide an Sexual Risk Avoidance message through programs with curricula that are evidence-supported, culturally sensitive, inclusive, non-stigmatizing, and developmentally appropriate.

Goal 3: To increase sustainability over time of the abstinence message for participants; and sustain the provision of Sexual Risk Avoidance Programs in the future.

Performance Goals: These goals are designed to ensure the applicant is able to meet the four main components of the program.

Performance Goal 1: To provide direct service of Sexual Risk Avoidance to youth, with 60% of those served in the target counties.

Performance Goal 2: To conduct sustainability activities in at least 50% of the target counties during year 1.

Performance Goal 3: To conduct community development activities in at least 50% of the target counties during year 1.

Performance Goal 4: Develop an evaluation plan that measures program effectiveness through attitude/ belief change in youth.

To accomplish these goals, the applicant will be required to identify targeted populations based upon Ohio's prevalence data for estimated teen pregnancies, teen pregnancy rate, and teen STI/STD rates. The Office of Adolescent Health, located in U.S. Department of Health and Human Services has identified three evidence-based Sexual Risk Avoidance Programs. Each evidence-based program was identified by the U.S. Department of Health and Human Services

(HHS) TPP Evidence Review that used a systematic process for reviewing evaluation studies against a rigorous standard. Proposed curricula should either be selected from this list (Appendix H) or be self-evaluated using the *Characteristics of Effective Programs* (Appendix I) to ensure they are based on a sound theoretical framework. The applicant will be required to include in the response to the RFP, the plan for engaging local school personnel, obtaining letters of local support, target population participation in the planning and implementation, and inclusion of parents in the program activities.

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

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

For your convenience, a budget justification narrative example is available in GMIS. 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. **2020 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2019 to September 30, 2020

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

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

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

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

- improvement of any building;
- 14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- 15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

Please make every attempt for attachments to be completed and submitted electronically. Please see the Appendices section for forms/examples. On the paper attachments that require a signature, *please ensure it is signed in blue ink.*

- Continuation Solicitation Reimbursement Type Form
- Deliverable – Objective Descriptions and Allocations
- CLAS Strategic Plan
- Program Plan Instructions
- Assurances
- GMIS Training Form
- Application Review Form
- Priority counties
- Medical Accuracy
- List of evidence-based Abstinence programs
- Characteristics of Effective Programs
- Performance Progress Report
- Budget Justification Examples

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
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to Sexual Risk Avoidance Program

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

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

Reports shall be submitted as follows:

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

☒ X Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>October 1, 2019 – March 31, 2020</i>	<i>April 22, 2020</i>
<i>April 1, 2020 – September 30, 2020</i>	<i>October 21, 2020</i>

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

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>October 1-31, 2019</i>	<i>November 10, 2019</i>
<i>November 1-30, 2019</i>	<i>December 10, 2019</i>
<i>December 1-31, 2019</i>	<i>January 10, 2020</i>
<i>January 1-31, 2020</i>	<i>February 10, 2020</i>

<i>February 1-29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</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>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below**

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</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 November 5, 2020. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 and B2 Deliverable – Objective Descriptions and Allocations
- C. CLAS Strategic Plan
- D. Program Plan Instructions
- E. Assurances
- F. GMIS Training Form
- G. Application Review Form
- H. Priority counties
- I. Medical Accuracy
- J. List of evidence-based Abstinence programs
- K. Characteristics of Effective Programs
- L. Performance Progress Report
- M. Budget Justification Examples

**CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM**

**Submission
Required**

Ohio Department of Health

See due date below

Bureau of Maternal & Child Health

ODH Program Title:

Sexual Risk Avoidance Program

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 April 16, 2019

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

Name of Subgrant Program: Sexual Risk Avoidance

Budget Period:10/1/2019-9/30/2020

of Deliverables:4

Use Budget Justification Scenario#:

☐ **Base and Deliverables**

☒ **Deliverables Only**

Deliverable 1 Direct Services: To provide direct service of Sexual Risk Avoidance Education to youth, with 60% of those served in the target counties.

Deliverable 2 Sustainability: To conduct sustainability activities in at least 50% of the target counties during year 2.

Deliverable 3 Community Outreach: To conduct community development activities in at least 50% of the target counties during year 2.

Deliverable 4 Evaluation: Develop an evaluation plan that measures program effectiveness through attitude/ belief change in youth.

Name of Subgrantee Program:

Appendix B2 Deliverable Descriptions and Allocations

Appendix B2

Form# OFA-011

Name of Subgrant Program: Sexual Risk Avoidance Program

Budget Period: 10/01/2019 - 09/30/2020

of Deliverables: 4

Use Budget Justification Scenario #:

☐ Base Only

☐ Base and Deliverables

☒ Deliverables Only

	Base	Deliverable - Objective 1 To provide direct service of Sexual Risk Avoidance to youth, with 60% of those served in the target counties.	Deliverable - Objective 2 To conduct sustainability activities in at least 50% of the target counties during year 2.	Deliverable - Objective 3 To conduct community development activities in at least 50% of the target counties during year 2.	Deliverable - Objective 4 Develop an evaluation plan that measures program effectiveness through attitude/ belief change in youth.	Total
Relationships Under Construction	0	TBD by subrecipient	TBD by subrecipient	TBD by subrecipient	TBD by subrecipient	
The Ridge Project	0	TBD by subrecipient	TBD by subrecipient	TBD by subrecipient	TBD by subrecipient	

Appendix C CLAS Strategic Plan

FY2020 SRA Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Subrecipient Agency Name: _____

GMIS # _____

This document is being submitted as: *(please check one)*

☐ Initial Plan

☐ Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments (See note above)
Standard #1: Understandable and Respectful Care					
Standard #2: Diverse Staff and Leadership					
Standard #3: Ongoing Education and Training <i>EXAMPLE</i>	<ul style="list-style-type: none"> Orient new staff members to cultural competence training Develop orientation materials related to cultural competency Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	July 1 st 2017 – April 30 th 2018	<p>Staff participation in ongoing training and education will be accounted for in a database.</p> <p>The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.</p>	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Standard #5: Right to Receive Language Assistance Services					
Standard #6: Informing About Language Assistance					
Standard #7: Competence of Language Assistance					
Standard #8: Patient-Related Materials					
Standard #9: Written Strategic Plan					
Standard #10: Organizational Self-Assessment					
Standard #11 Patient / Consumer Data					
Standard #12: Community Profile					
Standard #13: Community Partnerships					
Standard #14: Conflict/Grievance Processes					
Standard #15: Implementation					

Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

- Based on what your agency learned from the CLAS self-assessment activities should be identified to improve Culturally Competency of services in FY2020.
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective

Appendix D Program Plan Instructions

Applicants must use the SRA Goals and Deliverables Grid to populate the FY2020 Program Plan

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted. Applicants should complete the program plan for each Objective proposed.

Goals: List the goals that will be addressed in the program plan.

Deliverable: List the deliverable that will be addressed in the program plan. An applicant must apply for all deliverables listed in Goal 1,2 and 4 and must also select at least one strategy from Goal 3. Applicants may also choose to apply for deliverable 5 and deliverable 6.

Strategy: For each deliverable, copy the specific strategies from the “SRA Goals and Deliverables Grid” to the program plan. The strategies describe how the applicant will meet each measure. Strategies should align with program activities.

Activities: The applicant should copy the specific activities that will be implemented to address each strategy. Applicants must list all activities listed in the “SRA Goals and Deliverables Grid” Applicants may provide additional activities as appropriate. Evaluation measures are provided for each strategy, but additional evaluation measures for specific activities should be included and documented in the program plan.

Benchmarks/Evaluation Measures: Copy the specific evaluation measures from the “SRA Goals and Deliverables Grid” to the program plan. The evaluation measures describe how the strategies will be measured and evaluated. All evaluation measures associated with a strategy must be addressed. Program reports should reflect the enablers and/or barriers to meeting the proposed benchmark. **Evaluation measures cannot be altered.** However, additional evaluation measures for specific activities should be included in the program plan.

Person(s) Responsible: List the name of the person(s) that will be responsible for implementing the specific activities.

Timeline: Indicate the date the activities will be completed or accomplished. It is not acceptable to list “ongoing” or “at end of grant period” for any activities.

Accomplishments: Please note that the accomplishments column in Attachment 3 when submitted as the applicant’s initial program plan should remain blank. Applicants will complete the accomplishments column when they submit Mid-Year and Annual progress reports. A description of the accomplishments is due on two dates. Progress Reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subrecipient's ability to meet the program's objectives or time schedules. The Progress Reports should address how the specific evaluation measures are being addressed.

SRAE Subrecipient Agency Name: _____
GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

- ☐ **Initial Program Plan**
☐ **Revised Program Plan**

- ☐ **Mid-Year Progress Report (MYPR)**
☐ **Annual Progress Report (APR)**

Goal: <input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5 <input type="checkbox"/> Goal 6					
SRA Deliverable:					
Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					<i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i>

ODH SEXUAL RISK AVOIDANCE
Assurance of Program Compliance
The Applicant affirms compliance with the following:

1. Applicant assures that abstinence from sexual activity is one of the expected outcomes of all programs. No funds will be used in ways that contradict the (A) – (F) provisions of Section 501(b)(2).
2. Applicant assures that all Sexual Risk Avoidance materials are medically accurate. Values-based curricula may not present information as factual when it reflects a value or opinion instead of fact. All materials that are presented as factual will be grounded in scientific research.
3. Applicant assures that mass produced educational materials specifically designed to address sexually transmitted diseases/infections contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address as required by 317P©(2)of the Public Health Service Act.
4. Applicant assures that programs will be inclusive and non-stigmatizing and considerate of the special needs of lesbian, gay, bisexual, transgender, and questioning youth.
5. Applicant assures that policies will be in place the prohibit harassment based on race, sexual orientation, gender, gender identity or expression, religion, and national origin; and that all staff are trained to prevent and respond to harassment and bullying in all forms.
6. Applicant assures that the criteria for allowable costs will be met consistent with OMB Circular A-87 (2 C.F.R. Part 225).
7. Applicant assures that Federal funds under this award are not used to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 C.F.R. Part 87).
8. Applicant assures maintenance of appropriate fiscal and program records, and conduct fiscal audits of this program as part of their regular audits.
9. Applicant will coordinate the delivery of services with sub-contractors, and will be responsible for data collection and reporting in accordance with the federal guidelines for Title V State Sexual Risk Avoidance grants.
10. Applicant will participate in all Sexual Risk Avoidance Program evaluations conducted by ODH. Applicant will assure pre- and post-test evaluation data is collected and reported to ODH.
11. Applicant will maintain sole responsibility for this project even though sub-contractors will be used to provide the local Sexual Risk Avoidance Programs.

Signature and Title of Authorized Official: _____ **Date:** _____

Appendix F

GMIS Training, 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. *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.

Date: _____

Check the type of access and complete the information requested: ☐ **Employee - needs GMIS Training**

☐ **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

Application Review Form

SCORING: Met (10pts), Partially Met (5 pts), Unmet (0 pts)

Executive Summary	SCORE
A. Identified the public health problem to be addressed	
B. Describes the target population and regions to be served	
C. Describes the project plan for selecting subcontractor providers	

Description of Applicant Agency/ Documentation of Eligibility- Personnel	SCORE
A. Documents agency's eligibility to apply including a brief description of previous experience in abstinence education	
B. Describes the agency's structure and how agency will manage the program	
C. Describes the capacity to communicate in manner easily understood to diverse audiences	
D. Describe plans for obtaining expertise in abstinence education	
E. Describes plan to attend national and regional abstinence conferences	
F. Delineate all personnel who will be involved in the program activities	
G. Personnel Attachment form is attached	
H. Resume/ CV are included for each staff on grant	
I. Adequately describes agency's ability to work collaboratively statewide	

Problem/ Need Identification and Assessment	SCORE
A. Adequately incorporates state prevalence data into identified target regions	
B. Describes the analysis that was conducted to identify these regions	
C. Identifies the target regions	
D. Provides clear justification for target population; particularly if not middle school youth	
E. Provides clear rationale for school-based or community-based service location	
F. Discusses coordination plan with other agencies within the identified school	
G. Include the needs of lesbian, gay, bisexual, transgender and questioning youth and addresses how the programs will be inclusive of and non-stigmatizing toward such participants	
H. Describe segments of the target population who are at an increased risk for teen pregnancy/birth or STI and how program will address that population	

<i>Community Engagement</i>	SCORE
A. Discuss plans for service recipient involvement in program development and implementation	
B. Discuss plans for ensuring parent participation in programs	
C. Discusses plan for obtaining letters of support for local school superintendents	
D. Discuss referral process and referral network development	

<i>Program Effectiveness and Quality</i>	SCORE
A. Discusses Plan to incorporate Characteristics of Effective Programs or list of Evidence-Based Abstinence Programs in RFP and selection of subcontractors and curricula	
B. Clearly states abstinence as primary outcome	
C. Describes process to ensure medical accuracy of all selected curricula and materials	
D. Details a plan for evaluation of program	

<i>Work Plan and Implementation</i>	SCORE
A. Provides clear logic model diagram	
B. Work Plan attachment is completed for each goal	
C. Work Plan reflects the scope of work for the project	
D. Goals adequately reflect the purpose of the abstinence education program	
E. Goals written for two year period	
F. Process and outcome objectives written in SMART format for one year period	
G. Activities are reasonable, specific, and achievable with regard to stated timelines	
H. Clearly identifies process for subcontract RFP release, selection criteria and contract procedure	
I. Includes plan to have subcontract providers assure:	
Medical Accuracy	
Compliance with (A)-(H)	
Inclusion policy	
Policy that prohibits harassment and bullying	

Budget	SCORE
A. Budget justification clearly details all expenses and rationale for expenditures	
B. Describes how costs were derived.	
C. Discusses reasonableness of proposed costs.	
D. Explains and justifies equipment, travel, supplies and meeting costs	
E. Explains and justifies the distribution of funding between sub grantee and subcontract providers	
F. Explains and justifies the distribution of funding between sub grantee and subcontract providers	

Priority Counties by Region

Region 1	Region 2	Region 3	Region 4
Williams	Lorain	Belmont	Hamilton
Defiance	Cuyahoga	Guernsey	Clermont
Paulding	Summit	Muskingum	Brown
Darke	Ashtabula	Monroe	Adams
Shelby	Trumbull	Noble	Scioto
Miami	Mahoning	Morgan	Lawrence
Logan	Columbiana	Perry	Pike
Hardin	Carroll	Hocking	Highland
Allen	Jefferson	Athens	Clinton
Marion	Harrison	Washington	Ross
Crawford	Tuscarawas	Vinton	Fayette
Richland	Stark	Meigs	Madison
Sandusky	Holmes	Jackson	Clark
Lucas	Coshocton	Gallia	Montgomery
Erie		Franklin	Preble

Appendix I Medical Accuracy Information

National Institutes of Health (NIH)

- Sexually Transmitted Diseases Related Information:
<http://health.nih.gov/topic/SexuallyTransmittedDiseases/WomensHealth>
- Teenage Pregnancy Related Information:
<http://health.nih.gov/topic/TeenagePregnancy/ReproductionandSexualHealth>
- U.S. National Library of Medicine (Medline Plus):
<http://www.nlm.nih.gov/medlineplus/>
- Birth Control:
<http://www.nlm.nih.gov/medlineplus/birthcontrol.html>
- Teenage Pregnancy:
<http://www.nlm.nih.gov/medlineplus/teenagepregnancy.html>

WomensHealth.Gov

- Birth Control Related Information:
<http://www.womenshealth.gov/faq/birth-control-methods.cfm>
- Menstruation and Menstrual Cycle Related Information:
<http://www.womenshealth.gov/faq/menstruation.cfm>
- Sexually Transmitted Infections Related Information:
<http://www.womenshealth.gov/faq/sexually-transmitted-infections.cfm>

MedicalAccuracy.org

<http://www.medicalaccuracy.org/internet-resources>

AEGP Medical Accuracy Resource Guidance

Section 510 of the Social Security Act requires all States to certify that “all abstinence education materials that are presented as factual be grounded in scientific research.” This guidance provides a working definition of medical accuracy as well as a tip sheet for a medical accuracy review process as well as resources for additional guidance, instruction, and scientifically supported information to assist states in conducting medical accuracy reviews.

Potential for Review

We ask all grantees to monitor and document the medical accuracy review process. FYSB may request documentation of medical accuracy reviews from grantees as a resource to both help monitor existing program and improve the overall Teen Pregnancy Prevention Division medical accuracy review process.

ACF Liability

ACF does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, link, product, or process disclosed in information included herein. ACF does not intend to provide specific medical advice, but we may provide grantees with information. ACF encourages all grantees to consult qualified health care providers and or medical evaluators when assessing programmatic medical accuracy.

Defining Medical Accuracy and the Legislative Requirements

Medical Accuracy

Medical accuracy means that medical information must be “verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete.” If States choose to teach values-based perspectives, it is permissible under this statute. However, a State may not present information as factual when it reflects a value or opinion instead of fact. The requirement for States receiving funding under section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by sub-awardees of the State as well. The 2010 Funding Opportunity Announcement (FOA) included specific instructions for certifying medical accuracy.

Section 317P(c)(2) of the Public Health Service Act

Mass produced educational materials that are specifically designed to address sexually transmitted diseases/infections (STDs/STIs) are required by section 317P(c)(2) of the Public Health Service Act (42 U.S.C. §247b-17(c)(2)) to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate, objective, complete, and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.¹

Applicants must sign the assurance contained in *Appendix B* of the AEGP Funding Opportunity Announcement (FOA) and submit it with their application for funding.

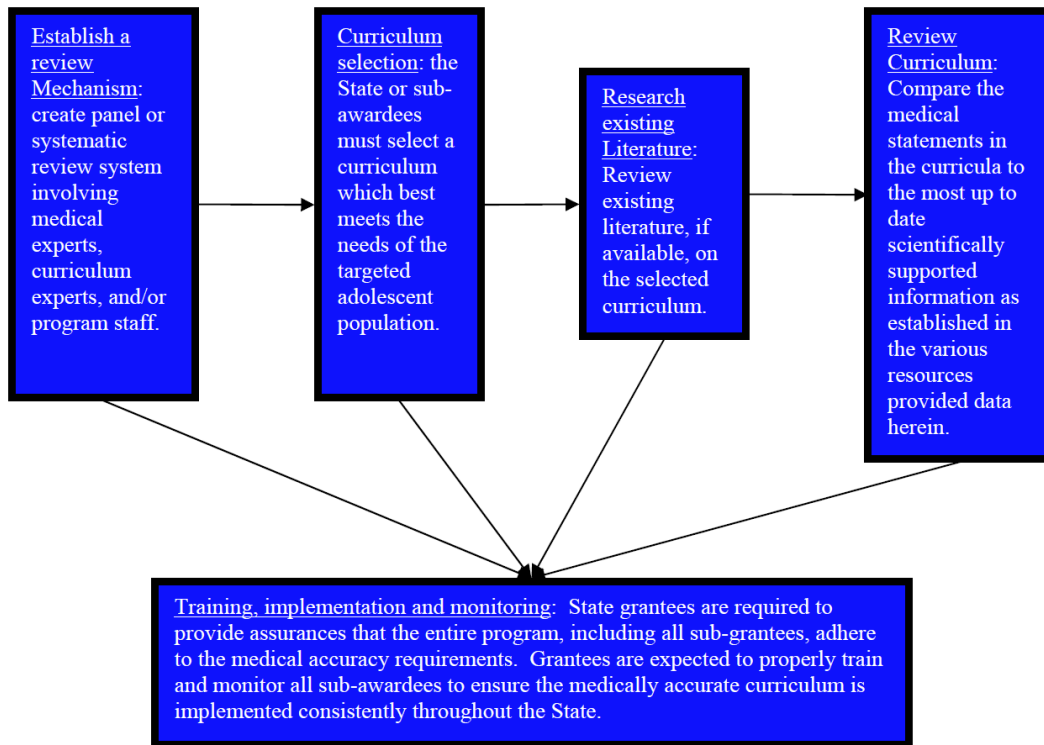
Should ACYF/FYSB find medically inaccurate information during the review process, or at any time during the grant project period(s), grantees will be required to correct the inaccuracies.

¹ For more information please see: U.S. Government Accountability Office Decision V-3018128, “Abstinence Education: Applicability of Section 317P of the Public Health Service Act.” 2006.

Tip Sheet

1. **Establish a review mechanism:** One systematic way to review materials is using panels of experts. We recommend creating a panel to establish a review system involving medical experts, curriculum experts, and/or program staff. You may wish to ask sub grantees to establish panels at the program level. If the requirement is “passed-on” to the local program level, the State grantee should specify minimum panel composition requirement(s) that address how to set up a panel and who is qualified to serve as a “medical accuracy panel reviewer.” Requirements might address the number of panelists, meeting procedures, proposed panelists’ credentials, certifications, licenses, organizational affiliations, etc. As a monitoring check on this, States may require the sub-grantee to submit a panel membership roster and/or provide minutes or summaries of panel meetings. There should be some documentary evidence that local programs deliberate on the accuracy of their instructional program via these proposed panels.
2. **Curriculum selection:** the State or sub-awardees must select a curriculum which best meets the needs of the targeted adolescent population(s). Selection should be justified and open so that sub-grantees and others are aware of approval processes, proposed requirements to constitute panels, and other procedural guidance including “accuracy” review panel meeting notices and minutes. Some states may have regulations that mandate openness or transparency in these types of decisions by publicly funded entities. Grantees should adhere to those internal agency obligations and relevant state regulations that govern advisory groups.
3. **Research existing literature:** Review existing literature, if available, on the selected curriculum. Many curricula for pregnancy prevention have been reviewed and findings are frequently available. Grantees are encouraged to consider due diligence and at a minimum review and/or validate publishers’ claims regarding their curriculum content.
4. **Review curriculum:** Compare the medical statements of fact in the curricula including: texts, supplements, workbooks, and other educational materials (videos, flyers, handouts, posters, flash cards, etc.) to the most up to date scientifically supported information as established in the various resources provided. Where appropriate, we encourage you to consult directly with program developers or publishers to ensure medical accuracy.
5. **Training, implementation and monitoring:** State grantees are required to provide assurances that the entire program, including all grantees, adhere to the medical accuracy requirements. Grantees are expected to properly train and monitor all sub-awardees to ensure that a medically accurate curriculum is implemented consistently throughout the State. It may be appropriate to train sub-awardees on the panel review procedures, or obtaining other evidence to support accuracy reviewing

Tip Sheet Flow Chart Format



Resources

The list of resources is available to assist grantees in verifying medical information or making recommendations for sub-awardees regarding the medical information in their program materials. Suggested resources include fact sheets, publications, news releases, reports and websites of government agencies.

Centers for Disease Control and Prevention (CDC)

- Adolescent Health Related Information:
<http://www.cdc.gov/HealthyYouth/index.htm>
- Adolescent Health:
<http://www.cdc.gov/HealthyYouth/AdolescentHealth/index.htm>
- Sexual Risk Behaviors:
<http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>
- Youth Risk Behavior Surveillance System (YRBSS):
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- National Prevention Information Network:
<http://www.cdcnpin.org/>
- Sexually Transmitted Diseases:
<http://www.cdcnpin.org/scripts/std/index.asp>
- Parents Matter:
<http://www.cdcnpin.org/parentsmatter/index.asp>
- Reproductive Health Data and Statistics (including teen pregnancy):
http://www.cdc.gov/reproductivehealth/Data_Stats/index.htm#TeenPreg
- Sexually Transmitted Diseases Related Information (fact sheets, treatment guidelines, reports, etc):
<http://www.cdc.gov/std/>
- Teen Pregnancy Related Information:
<http://www.cdc.gov/TeenPregnancy/index.htm>

National Institutes of Health (NIH)

- Sexually Transmitted Diseases Related Information:
<http://health.nih.gov/topic/SexuallyTransmittedDiseases/WomensHealth>
- Teenage Pregnancy Related Information:
<http://health.nih.gov/topic/TeenagePregnancy/ReproductionandSexualHealth>
- U.S. National Library of Medicine (Medline Plus):
<http://www.nlm.nih.gov/medlineplus/>
- Birth Control:
<http://www.nlm.nih.gov/medlineplus/birthcontrol.html>
- Teenage Pregnancy:
<http://www.nlm.nih.gov/medlineplus/teenagepregnancy.html>

WomensHealth.Gov

- Birth Control Related Information:
<http://www.womenshealth.gov/faq/birth-control-methods.cfm>
- Menstruation and Menstrual Cycle Related Information:
<http://www.womenshealth.gov/faq/menstruation.cfm>
- Sexually Transmitted Infections Related Information:
<http://www.womenshealth.gov/faq/sexually-transmitted-infections.cfm>

MedicalAccuracy.org

<http://www.medicalaccuracy.org/internet-resources>

Evidence Based Abstinence Programs

The following programs have been identified as evidence-based Abstinence Programs by the
U.S. Department of Health and Human Services:

1. Heritage Keepers Abstinence Education
2. Making a Difference!
3. Promoting Health Among Teens! Abstinence-Only Intervention

For more information about these programs, visit

<http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx>

Characteristics of Effective Programs

Adapted from: *Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs* (Kirby, Roller, and Wilson, 2007)

The Process of Developing the Curriculum	The Contents of the Curriculum Itself	The Implementation of the Curriculum
1. Involve multiple people with different backgrounds in theory, research and sex STD/HIV education to develop the curriculum.	<p>Curriculum Goals and Objectives</p> <p>2. Focused on clear health goals- the prevention of STD, HIV and/or pregnancy</p> <p>3. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressing situations that might lead to them and how to avoid them.</p> <p>4. Addressed multiple sexual psychological risk and protection factors, affecting sexual behaviors (e.g. knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy).</p> <p>Activities and Teaching Methodologies</p> <p>5. Created a safe social environment for the youth to participate. (Consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how the program is inclusive and non-stigmatizing toward such participants.</p> <p>6. Employed activities, instructional methods and behavioral messages that were appropriate to the youth's culture, developmental age and sexual experience.</p>	<p>7. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations.</p> <p>8. Implemented virtually all activities with reasonable fidelity.</p>

To comply with SCYF/FYSB's guidelines that abstinence programs be based on sound theoretical frameworks, the Ohio Department of Health will require sub-contract providers to self-evaluate their proposed curriculum using these eight characteristics adapted from Kirby, et al's 17 common characteristics of programs found to be effective in changing behaviors that lead to STD, HIV and unintended pregnancy among young people.

For more information re: Tools to Assess Characteristics of Effective Sex and STD/HIV Education Programs visit <http://www.healthysteennetwork.org>

Attachment L

Performance Progress Report

Below is an example, although a fillable document will be provided to all grant recipients.

[illegible]

B-01(4)	Major Activities and Accomplishments:	Description
	Updating Training manual for Game Plan	In 2018 we collected feedback from trainers across the nation and incorporated their suggested changes to all portions of the training guides and participant guides. New materials are in process of printing and distributing. Should be complete May 2019
	Formed New Collaborative in NE Ohio	RUC formed a group of collaborators in the Cleveland/Akron area who now meet on a semi annual basis for the purpose of working together to offer schools sexual risk avoidance education.
B-02(4)	Challenges:	
B-03(4)	Significant Observation:	
B-04(4)	Organizational Issues:	
B-05(4)	Technical Assistance and Training	

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

- 1. Budget justification line items MUST be in the same order as in the GMIS budget.**

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

\$10,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

\$45,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

\$75,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- **Deliverable – Objective 1**

Franklin County

\$40,000

Union County

\$11,000

Madison County

\$20,000

Licking County

\$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- **Deliverable – Objective 2**

Franklin County

\$52,500

Union County

\$9,500

Madison County

\$12,500

Licking County

\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- **Deliverable – Objective 3**

Franklin County

\$78,750

Union County

\$16,750

Madison County

\$8,750

Licking County

\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A

\$10,000

Objective B

\$20,000

Objective C

\$30,000

Objective D

\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A

\$12,500

Objective B

\$2,500

Objective C

\$1,500

Objective D

\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A

\$28,750

Objective B

\$8,750

Objective C

\$1,750

Objective D
\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs
\$Total

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]