



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

MEMORANDUM

Date: 3/24/2020

To: Subrecipient agencies

From: Dyane Gogan Turner *DGT*  
Bureau of Maternal, Child and Family Health  
Ohio Department of Health

Subject: Subrecipient of Sexual Risk Avoidance Program SR21 October 1, 2020 –  
September 30, 2021

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

All electronic applications and attachments are due by 4:00 p.m., May 11, 2020. 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 continuation 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](mailto:Danielle.michael@odh.ohio.gov)

## *Table of Contents*

<b>I. <u>CONTINUATION FUNDING APPLICATION GUIDANCE</u></b>	
A. Policy and Procedure .....	2
B. Number of Grants and Funds Available .....	2
C. Formatting Requirement for Attachments .....	3
D. Qualified Applicants .....	3
<b>II. <u>PROGRAM UPDATES</u></b>	
A. Program Progress Report .....	3
B. Program Narrative .....	3
C. Work Plans & Objectives .....	4
D. Documentation & Progress on Health Disparity/Inequity Activities.....	5
E. Program Budget.....	5
F. Other Application Requirements .....	6
G. Human Trafficking .....	7
H. Post Submission Requirements .....	8
<b>III. <u>APPENDICES</u></b>	
A. Continuation Solicitation Reimbursement Type Form	
B. B1 Deliverable – Objective Descriptions (if applicable)	
B2 Deliverable – Objective Allocations (if applicable)	
C. CLAS Strategic Form	
D. Application Review Form	
E. Target Counties	
F. Performance Progress Report	
G. Assurances of Program Compliance	
H. Work Plan Template	
I. Deliverable Objective Reimbursement Schedule	

## 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, 2020 – September 30, 2021] of the total project period, [October 1, 2018 – September 30, 2021] 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 \$393,825.75 for a total of \$1,575,303. 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 SFY21, 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 1-3. 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 and community outreach activities. Objective 3: 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 11, 2020.**

## **II. PROGRAM UPDATES:**

**A. Program Progress Report:** 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.

**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.

Include clear expected deliverables for including the number of youth to be served, number of programs to be delivered, length of each program, number of hours per student, curriculum to be used, and county/ies of service. Discuss any changes to curricula to be used in the coming year, including the process and criteria used for the selection and approval of curricula for the programs. The narrative should address the progress made in expanding services in the **target counties and with the target population.**

### ***Goals of the Sexual Risk Avoidance Program:***

**Deliverable Objective 1** To provide a Sexual Risk Avoidance message through programs with curricula that are evidence-supported, culturally sensitive, inclusive, non-stigmatizing, and developmentally appropriate.

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

**Deliverable Objective 2:** To increase sustainability over time of the abstinence message for participants; and sustain the provision of Sexual Risk Avoidance Programs in the future.

**Performance Measure:** To conduct a minimum of two sustainability or community outreach activities each month.

**Deliverable Objective 3:** To collect data and evaluate using pre and post surveys to measure program effectiveness through attitude/belief change in youth, per the Performance Measures set forth by ACYS/FYSB.

**Performance Measure:** Work collaboratively with ODH and other SRA partners to develop and implement an evaluation plan that measures program effectiveness through attitude/ belief change in youth, per the Performance Measures set forth by ACYS/FYSB

Program Narrative and Work Plan should address progress toward meeting deliverable objectives of the grant. Program Narrative should also discuss any changes in the procedure to ensure compliance of subcontractors with the state and federal assurances. Describe any barriers to the initial implementation plan and how these barriers were overcome.

Describe how the applicant will hold subcontractors to the same expectations and requirements that ODH has for the sub-grantee. Also, describe the monitoring plan the applicant will use to assure program integrity and fidelity to the selected curricula; and compliance with the assurances required by ODH and ACYS/ FYSB.

Describe how the applicant has involved the target populations (i.e. youth, parents, teachers, etc) in the planning, implementation, and evaluation of the abstinence program. Include strategies and activities that will be implemented to increase service delivery in the target counties identified by ODH.

The Sub-grantee will continue to be required to collect and report data on the target populations served in the program. The data, required by federal award, is collected in the Performance Progress Report Forms.

**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 Work 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.

All applicants must complete the Work Plan using the attached instructions (Appendix I). One comprehensive work plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Deliverable Goals must be included by all applicants.

**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. **Place Matters Documentation Spreadsheet is not required for this solicitation.**

**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. 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. 2021 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 10/1/2020 to 09/30/2021.

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;
16. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

**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.**

## **B. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments.

- Continuation Solicitation Reimbursement Type Form
- B1 Deliverable – Objective Descriptions (if applicable)
- B2 Deliverable – Objective Allocations (if applicable)
- CLAS Strategic Form
- Assurances of Program Compliance
- Work Plan Template

## **Other Attachments Required:**

- 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](mailto: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](http://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](http://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.

### **C. 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 the 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. [Half Year] **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, 2020 – March 31, 2021</i>	<i>April 23, 2021</i>
<i>April 1, 2021 – September 30, 2021</i>	<i>October 22, 2021</i>

- b. **Subrecipient Expenditure Reports:** Subrecipient Monthly 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, 2020</i>	<i>November 10, 2020</i>
<i>November 1-30, 2020</i>	<i>December 10, 2020</i>
<i>December 1-31, 2020</i>	<i>January 10, 2021</i>
<i>January 1-31, 2021</i>	<i>February 10, 2021</i>
<i>February 1-28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

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

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

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> 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, 2021). The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of 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 Deliverable – Objective Descriptions (if applicable)  
B2 Deliverable – Objective Allocations (if applicable)
- C. CLAS Strategic Form
- D. Application Review Form
- E. Target Counties
- F. Performance Progress Report
- G. Assurances of Program Compliance
- H. Work Plan Template
- I. Deliverable Objective Reimbursement Schedule

**CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM**

**Submission  
Required**

See due date below

Ohio Department of Health  
Office of Health Improvement and Wellness  
Bureau of Maternal Child and Family Health  
*ODH Program Title:*  
Sexual Risk Avoidance

**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 14, 2020

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

**Name of Subgrant Program: Sexual Risk Avoidance**

**Budget Period:10/1/2020-9/30/2021**

**# of Deliverables:3**

**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 & Community Outreach: To conduct sustainability and community outreach activities in at least 50% of the target counties.

Deliverable 3 Evaluation: Work effectively with ODH to implement an evaluation plan that measures program effectiveness through attitude/ belief change in youth

:  
**Deliverable Descriptions and Allocations**

**Appendix B2**

<b>Appendix B2</b> <b>Name of Subgrant Program:</b> Sexual Risk Avoidance Program <b>Budget Period:</b> 10/01/2020 - 09/30/2021 <b># of Deliverables:</b> 4 <b>Use Budget Justification Scenario #:</b>  ____ Base Only ____ Base and Deliverables X Deliverables Only						<b>Form# OFA-011</b>
	Base	<b>Deliverable - Objective 1</b> To provide direct service of Sexual Risk Avoidance to youth, with 60% of those served in the target counties.	<b>Deliverable - Objective 2</b> To conduct sustainability activities in at least 50% of the target counties during year 2.	<b>Deliverable - Objective 3</b> To conduct community development activities in at least 50% of the target counties during year 2.	<b>Deliverable - Objective 4</b> Develop an evaluation plan that measures program effectiveness through attitude/ belief change in youth.	Total
Relationships Under Construction	0	TBD by subgrantee0	TBD by subgrantee	TBD by subgrantee	TBD by subgrantee	
The Ridge Project	0	TBD by subgrantee	TBD by subgrantee	TBD by subgrantee	TBD by subgrantee	

## CLAS Strategic Plan

## FY2021 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"> <li>Orient new staff members to cultural competence training</li> <li>Develop orientation materials related to cultural competency</li> <li>Encourage all staff to participate in cultural competence training</li> </ul>	Administrative Staff  Clinical Staff	July 1 <sup>st</sup> 2017 – April 30 <sup>th</sup> 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 2020-20201 Sexual Risk Avoidance Continuation Grant**

**APPLICATION REVIEW FORM**

The Application Review Form is a working document to be used by the reviewers for each grant proposal reviewed. Use of the following outline will ensure that all salient points are included and that there is a consistent order to each review. A strength is a response that clearly meets or exceeds requirements set forth in a review criterion. A weakness is a response that falls short of meeting requirements set forth in a review criterion. Please refer to the application materials to assist you in assigning points to each criterion and in developing your strengths and weaknesses for each application, especially the Scoring Rubric.

This document is designed for reviewers to easily checkmark each item within the criterion, choose a score from a dropdown menu and enter a narrative for strengths and weaknesses for each criterion. Please limit to no more than five statements for each criterion's strengths and weaknesses.

At the end of the document is a section to provide a summary statement of the application as a whole, as well as the most significant strength and/or weakness of the application.

<b>Applicant Agency:</b> Click here to enter agency name		<b>Total Budget Request:</b> Click here to enter total budget request	
<b>Grant Number:</b> Click here to enter grant number		<b>Reviewer Name:</b> Click here to enter your name	
Application Quality	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Proposal is well organized and clearly written	2	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Proposal is complete with all required attachments, including: <ul style="list-style-type: none"><li>• CLAS</li><li>• Assurances of Program Compliance</li><li>• Solicitation of Reimbursement Type</li><li>• Workplan</li></ul>	2	Select one	

<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements (properly labeled application packet, 1.5 spacing, one inch margins, under 20 pages, 12 point font)	1	Select one	
<b>Total Application Quality</b>	<b>5</b>	<b>Select one</b>	
<b>Program Report</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Strengths and Weaknesses</b>
<input type="checkbox"/> Describes the scope, personnel, partnership etc.	1	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Clear Deliverables including numbers of youth served , programs delivered, length, number of hours, curriculum, and counties served	1	Select one	
<input type="checkbox"/> Describe changes for upcoming year	1	Select one	
<input type="checkbox"/> Describe the progress made	1	Select one	
<input type="checkbox"/> Identify progress made in expanding services.	1	Select one	
<b>Total Executive Summary</b>	<b>5</b>	<b>Select one</b>	
<b>Program Narrative</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Strengths and Weaknesses</b>
<input type="checkbox"/> Deliverable Objective 1 Direct Services. Describe progress toward this objective	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Deliverable Objective 2 Sustainability and Community Outreach. Describe progress toward this objective	5	Select one	



<input type="checkbox"/> Deliverable Objective 3 Evaluation. Describe progress toward this objective	5	Select one	
<input type="checkbox"/>		Select one	
<b>Total Applicant Agency/Documentation of Eligibility/Personnel</b>	<b>15</b>	<b>Select one</b>	
<b>Program Progress Report/Work Plan</b>	<b>Maximum Score</b>		<b>Strengths and Weaknesses</b>
<input type="checkbox"/> Narrative that explains Specific Measurable Achievable Results Oriented and Time Based (SMART) Objectives	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Matches the Work Plan Submitted. Work Plan is in proper format	5	Select one	
<input type="checkbox"/> Describes major findings and barriers and how they were addressed.	5	Select one	
<b>Total Problem/Need</b>	<b>15</b>	<b>Select one</b>	
<b>Work Plan and Objectives</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Strengths and Weaknesses</b>
<input type="checkbox"/> Attachment follows the Work Plan Attachment format	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Properly demonstrates progress toward Deliverable Objectives 1: Direct Services to target counties.	5	Select one	

<input checked="" type="checkbox"/>		Select one	
<input type="checkbox"/>		Select one	
<input type="checkbox"/>		Select one	
<b>Total Methodology</b>	<b>10</b>	<b>Select one</b>	
<b>Project Narrative: SMART Objectives (Appendix I)</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Strengths and Weaknesses</b>
<input type="checkbox"/> Appendix I (SMART Objectives) is submitted	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Appendix I includes target numbers for all required goals and objectives	5	Select one	
<b>Total Objectives/Work Plan</b>	<b>10</b>	<b>Select one</b>	
<b>Program Budget/Budget Narrative</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Strengths and Weaknesses</b>
<input type="checkbox"/> The required 2021 Budget Planning Worksheets are <u>completed</u>	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Includes direct costs for 1/1/2020 – 9/30/21	3	Select one	
<input type="checkbox"/> Addresses other direct costs for first project period	1	Select one	

<input type="checkbox"/> Program demonstrates that it has other funds available to cover costs because of deliverable model	1	Select one	
<input type="checkbox"/>		Select one	
<input type="checkbox"/>		Select one	
<input type="checkbox"/>		Select one	
<b>Total Budget</b>	<b>10</b>	<b>Select one</b>	
<b>Assurances</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Strengths and Weaknesses</b>
<input type="checkbox"/> Clearly states that abstinence is the expected outcome of the program per the required state/federal assurances and describes process to ensure compliance	20	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Clearly states that all curriculum (especially any new curriculum) used is evidence based or evidence informs and has documentation to support.	10	Select one	
<b>Total Assurances</b>	<b>30</b>	<b>Select one</b>	
<b>TOTAL POINTS</b>	<b>100</b>	<b>Select one</b>	

**BRIEF SUMMARY OF APPLICATION:**

Click here to enter short narrative overview of application.

**ANY SIGNIFICANT STRENGTH OR WEAKNESS OF APPLICATION:**

Click here to enter overall strength/weakness of application statement.

## 2020-2021 Target Counties

Region 1	Region 2	Region 3	Region 4
Williams	Lorain	Belmont	Hamilton
Defiance	Cuyahoga	Guernsey	Clermont
Seneca	Summit	Muskingum	Brown
Huron	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
Wood			
Hancock			
Champaign			

## Appendix F

## Performance Progress Report

*Below is an example, although a fillable document will be provided to all grant recipients. Please note that this may change as we get more direction from the federal government.*

[illegible]

## Appendix G

**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 to 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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Work Plan Instructions

***Applicants must use the SRA Goals and Deliverables Grid to populate the FY2021 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: \_\_\_\_\_  
# \_\_\_\_\_ Date: \_\_\_\_\_

GMIS



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

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

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

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

## Appendix I

### Deliverable- Objective Reimbursement Schedule

Deliverable	Amount	Type	Requirements
#1	Up to \$28,440.06	Monthly, deliverable	Objective 1 (direct service); upon receipt of expenditure and program reports
#2	\$3,281.88	Monthly, deliverable	Objective 2 (sustainability and community outreach); upon receipt of expenditure and program reports
#3	\$39,382.57 (Annual)	As spent, deliverable	Objective 3 (evaluation); upon receipt of expenditure report and program report

Objective 1 Reimbursement Requirements (Sep-May)	
<i>Amount</i>	<i>Deliverable benchmarks</i>
\$28,440	60% or more of students served are in target counties
\$20,440	50-59% of students served are in target counties
\$16,440	40-49% of students served are in target counties
\$12,440	30-39% of students served are in target counties
\$10,440	29% or fewer of students served are in target counties
Objective 1 Reimbursement Requirements (June-Aug)	
<i>Amount</i>	<i>Deliverable benchmarks</i>
\$19,700	60% or more of students served are in target counties
\$14,700	50-59% of students served are in target counties
\$9,700	40-49% of students served are in target counties
\$4,700	30-39% of students served are in target counties
\$3,700	29% or fewer of students served are in target counties

Region	Amount
Region 1	\$393,825.75
Region 2	\$393,825.75
Region 3	\$393,825.75
Region 4	\$393,825.75

