



MEMORANDUM

Date: December 13, 2024

To: Subrecipient agencies

From: Deborah L. Kroninger *DLK*
Chief, Health Program Operations
Medical Directors Office

Subject: Ryan White: Ending the HIV Epidemic (EH25) March 1, 2025 - February 28, 2026

The Ohio Department of Health (ODH), Bureau of HIV, STIs, and Viral Hepatitis announces the availability of grant funds.

All electronic applications and attachments are due by 4 p.m., on Monday, January 13, 2025. 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 **competitive application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules, policy and procedure updates posted on the GMIS bulletin board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at <https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations>. 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 Karla Ruiz at 614-813-4191 or e-mail at karla.ruiz@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF the Medical Director, BUREAU OF HIV, STIs, and Viral Hepatitis

Ryan White: Ending the HIV Epidemic
SOLICITATION FOR FISCAL YEAR 2025 (03/01/25 – 02/28/26)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 9/29/2023

For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Friday, December 27, 2024 so access to the online application can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

Note: Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for the preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

Budget Justification Certification language

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

B. Application Name: *Ryan White: Ending the HIV Epidemic (EH)*]

C. Purpose: *The Ryan White Part B Program at the Ohio Department of Health (ODH) has been identified as the eligible applicant in the Health Resources Services Administration (HRSA) Notice of Funding Opportunity (NOFO) for Ending the HIV Epidemic (EHE) in Hamilton County, Ohio. Funds awarded from HRSA EHE NOFO will be used strategically partner with local public health departments, Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), and HIV healthcare providers in Hamilton County. These collaborations are essential to plan and implement localized activities to operationalize the EHE Plan in Hamilton County. The Program infrastructure and capacity-building activities initiated in Ohio during the initial and current EHE project period (2020-2025), as well as the expansion of key partners at the state and local levels will serve as the foundation for Ohio's accelerated planning and implementation of the EHE efforts in Hamilton County. The proposed project will implement activities with these grant funds around three key areas focused on Pillar Two: 1). Increasing access to care by expanding internal and external outreach efforts, education on available resources, highlighting re-engagement, and expanding access to medical resources; 2). Removing barriers to care by enhancing the availability of natural supports and social engagement opportunities for HIV+ individuals in Hamilton County; and 3). Strengthening community and healthcare partnerships to leverage resources and promote sustainability of evidenced based practices. The fourth key area will focus on Pillar Four: Responding to clusters identified in Hamilton County. By addressing these critical areas, we aim to create an inclusive environment that reduces stigma and encourages patient autonomy as they travel through the HIV Care Continuum.*

D. Qualified Applicants: *All applicants must be a local public or non-profit agency that have been providing HIV-related services for no less than 5 years and is located in Hamilton County. Applicants must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). Indicate whether local public and/or non-profit agencies are eligible to apply.*

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, January 13, 2025.**

E. Service Area: *Service area is limited to Hamilton County; as designated by HRSA NOFO 25-063; Appendix A.*

F. Number of Grants and Funds Available: *Up to 6 (six) applicants may be awarded for a total amount up to \$2,000,000. Funding will be allocated across the following service categories: Legal and other professional*

services, Psychosocial support services, Non-medical case management, emergency financial assistance, housing, health education and risk reduction services, Outpatient Ambulatory Health Services, Mental Health, and Dental. Indicate the source of funds supporting the subgrant program(i.e., state, federal or both).

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.

- G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, January 13, 2025**.

Applications and required attachments received after this deadline will not be considered for review.

Contact [Karla Ruiz](mailto:karla.ruiz@odh.ohio.gov) at 614-813-4191 or karla.ruiz@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.686.

- I. Goals:** of ODH in releasing funds include:

1. Support viral suppression in priority populations through the expansion of internal and external outreach efforts, education on available resources, highlighting re-engagement, and increasing access to medical resources.
2. Identify individuals who are newly diagnosed, not engaged in care, and/or not virally suppressed.
3. Remove barriers to care by enhancing the availability of natural supports and social engagement opportunities for HIV+ individuals in Hamilton County
4. Strengthening community and healthcare partnerships to leverage resources and promote sustainability of evidenced based practices.

- J. Program Period and Budget Period:** The program period will begin March 1, 2025, and end on February 28, 2030. The budget period for this application is March 1, 2025, through February 28, 2026.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address the following PHAP standards:
Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and on the Health Status of the Populations.

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes.

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health.

Standard 7.1: Assess Health Care Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services. **Standard 9.2:** Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions,

Standard 11.1.4: Implementing policies, processes, programs, and interventions that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.

The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. Public Health Impact Statement: All applicants that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

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

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

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

- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

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

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more diseases, deaths, or disabilities beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are

referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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 that may include, but are not limited to the following:
 - 1. Populations at increased risk
 - 2. Mental health population
 - 3. Homeless population
- b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Ryan White: Ending the HIV Epidemic (EH)

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Karla Ruiz at karla.ruiz@odh.ohio.gov for questions regarding this Solicitation.

A bidder's conference call will be held on Tuesday, January 7, 2025, between 1:00pm-2:00pm. Please use conference line: 1-614-721-2972; participant code 984 184 697#.

P.

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

R. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, January 13, 2025, at 4:00 p.m.**

S. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.

T. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful

applicant via GMIS.

U. Review Criteria: All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
3. Is well executed and is capable of attaining program objectives.
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased inclusive and equitable (S.M.A.R.T.I.E.) objectives, activities, milestones, and outcomes with respect to timelines and resources.
5. Estimates reasonable cost to the ODH, considering the anticipated results.
6. Show that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation Program. Insert further information about program specific review criteria which is included in Appendix C.

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

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. Select only the appropriate reference.

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of HIV,

STIs, and Viral Hepatitis, Ryan White: Ending the HIV Epidemic and as a sub-award of a grant issued by Health Resources and Services Administration under the Ending the HIV Epidemic in the U.S: Ryan White HIV/AIDS Program Parts A and B grant, grant award number HRSA-25-063, and CFDA number 93.686.”

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

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

Reports shall be submitted as follows:

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

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
March 1, 2025-August 31, 2025	September 15, 2025
September 1, 2025-February 28, 2026	March 15, 2026

Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP. Subrecipients awarded for this grant will be required to facilitate and/or attend local advisory committee meetings convened to address ending the HIV epidemic strategies outlined in the jurisdictional plan.

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

Period	Report Due Date
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1-31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
March 1– May 31, 2025	June 10, 2025
June 1 – August 31, 2025	September 10, 2025
September 1 –November 30, 2025	December 10, 2025
December 1 – February 28, 2026	March 10, 2026

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 April 5, 2026.

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, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final subrecipient expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button constitutes an authorization of the submission by the agency official and serves as electronic acknowledgment and acceptance of OGAPP rules and regulations.*

- d. Inventory Report:** A list of all equipment purchased in whole or in part with current grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.

5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.
23. HRSA Ryan White HIV/AIDS Program (RWHAP) funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.
24. Any expense not included as an allowable use of Part B funds for the provision of Part B eligible services, particularly the Outreach and Health Education/Risk Reduction Services or Housing Categories, and activities not allowed under the legislation and defined in Policy Clarification Notice 16-02.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Client Incentives and Client Enablers:

Client incentives are an *allowable cost*. The following client incentives are allowed: store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) may be used.

Client Enablers are an *allowable cost*. The following client enablers are allowed: Food and/or gas store gift cards, vouchers, coupons, or tickets.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the

purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

AB. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH Grants Services Unit, (GSU) within 30 days. Reference:

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other material findings, must include a cover letter which:**

- Lists and highlights the applicable findings.
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

AC. Application Submission:

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages.
- Program narrative should not exceed 30 pages (**excluded appendices**, attachments, budget, and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
submit
online**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program.

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 10 and 11 of the Solicitation for unallowable costs.

A match or applicant share is not required by this program. Do not include a match or applicant share in the budget and/or the applicant share column of the Budget Summary. Only the narrative may be used to identify additional

funding information from other resources.]

- 1. Primary Reason and Justification Pages (For Deliverable Grants):** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period March 1, 2025, to February 28, 2026.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

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

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.**

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

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

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

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

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

D. Project Narrative:

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

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

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

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities (see standards below).

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

3. Problem/Need: Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

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

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

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov.

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be uploaded in GMIS by **4:00 p.m.** on or before Monday, January 13, 2025.

Applicants will be required to submit the following attachments:

1. Completed Ending the HIV Epidemic Work Plan
2. 3 Letters of Collaboration
3. Position Descriptions for each position funded on the application
4. Table of Organization
5. Recruitment Plan for Hiring Personnel Representative of the Community

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Application Review Form
- D. Hamilton County EHE Workplan
- E. Required Data Reporting Ending the HIV Epidemic (EHE)

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of
the Medical Director
Bureau of HIV, STIs, and Viral
Hepatitis

ODH Program Title:

Ryan White: Ending the HIV Epidemic

Submission Required

See due date below.

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

Reimbursement
Type

Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

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

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Grant.Support@odh.ohio.gov by Friday, December 27, 2024.

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

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

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. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.* ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ 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: _____

Scan and Email requests to: Grant.Support@odh.ohio.gov by Friday, December 27, 2024.

Appendix C

Ending the HIV Epidemic (EH)
Grant Application Review/Rating Form
Program Period: March 1, 2025 – February 28, 2030
Budget Period: March 1, 2025 – February 28, 2026

Agency: _____ Region: _____

Reviewer: _____ Total Score: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Partially Met	Criterion met
1	0	----	1
2	0	1	2
3	0	1,2	3
4	0, 1	2, 3	4
5	0, 1	2,3	4,5

Criterion Unmet – Does not answer the question nor address any of the required issues.

Criterion Partially Met - Attempts to answer the question but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met - Offers substantive information; a complete answer in a clear manner. An exemplary answer uses quantitative measure for example; is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 60 points MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 70%

- ☐ Approval (funding) of proposal as submitted (no conditions)
- ☐ Approval (funding) of proposal with conditions (special conditions applied in GMIS)
- ☐ Disapproval of proposal

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
PROJECT NARRATIVE			
1. Executive Summary: <i>A one-page summary of the proposal should include target population, services and programs to be offered and what agency(ies) will provide those services.</i>	N/A		
<i>A description of the public health problems that the project will address.</i>	N/A		
Total	0		
2. Description of Applicant Agency/ Documentation of Eligibility (5-15 pages): <i>Demonstrate the applicant agency's eligibility to apply.</i>	N/A		
<i>Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.</i>	N/A		
<i>Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences.</i>	N/A		
<i>Describe plans for hiring and training personnel to assure clients will receive culturally appropriate care.</i>	N/A		
<i>Describe all personnel who will be directly involved in program activities.</i>	N/A		
<i>Provide information about the hours of operation of your organization, including accommodations made for clients who cannot schedule appointments during "normal" business hours.</i>	N/A		
<i>Note any personnel or equipment deficiencies that will need to be addressed to carry out this grant.</i>	N/A		
<i>Describe the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program.</i>	N/A		
Total	0		

<p>3. Problem/Need (5-15 pages): Identify and describe the local (don't restate national and state data) health status concern of people living with HIV that will be addressed by the project. The specific health status concerns that the project intends to address may be stated in terms of health status (morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable to serve as baseline data upon which the evaluation will be based.</p>	N/A		
Describe segments of the target population who experience a disproportionate burden for the health concern; or who are at an increased risk for the problem addressed by this funding opportunity.	N/A		
Describe how the agency would engage the correctional facilities and clinical care sites to reach, test and link individuals who are at highest risk of HIV transmission.	N/A		
Describe how the agency would engage, test, and link the most at-risk populations of gay and bisexual men.	N/A		
Outline efforts to recruit, promote and support a culturally and linguistically diverse workforce that is reflective of the population in the service area.	N/A		
Demonstrate the highest risk populations in the service region and devise strategies and describe services that will meet the needs of these populations.	N/A		
Describe how services will be coordinated with other relevant service providers who provide key points of access to health and support services HIV/STD prevention and care, and how duplication of services will be avoided.	N/A		
Describe how the program will address gaps in service.	N/A		
Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV testing and counseling sites to minimize the gap between an HIV+ test and the initiation of HIV Care.	N/A		

Describe how your organization coordinates with local syringe service programs for referrals and linkages to care.	N/A		
Total	0		

4. Methodology			
<i>Narrative identifies the program goals, SMART process, impact or outcomes, and activities. Indicates how they will be evaluated (process measures) to determine the level of success of the interventions.</i>	5		
<i>Health disparities and/or health inequities have been identified, and program activities are designed to address these issues.</i>	5		
<i>Additional (minimum of 2) activities that are “SMARTIE” (specific, measurable, achievable, relevant, time-bound, inclusive, and equity) have been added and demonstrate how they will accomplish each ODH-defined strategy.</i>	5		
<i>Additional activities <u>describe</u> how the goals identified in Pillars Two (Treat) and Four (Respond) will be achieved. It must be evident <u>how</u> people living with HIV will be rapidly and effectively treated to reach sustained viral suppression and <u>how</u> responses will occur quickly to potential HIV outbreaks to get needed prevention and treatment services to people.</i>	5		
<i>Hiring of personnel who have demographic characteristics and/or experiences representative of the population at highest risk are reflected in key activities.</i>	5		
<i>Process measures, responsible parties, and target completion dates are completed in the workplan for both required and additional activities. These elements should be relative to the stated activity.</i>	5		
Total	30		

5. Budget	20 Points Total		
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Budget Narrative <i>Detailed narrative budget justification describes how the categorical costs are derived. Demonstrates the necessity, reasonableness and ability to allocate the proposed costs.</i>	5		
<i>Budget narrative matches the budget submitted in GMIS 2.0 and funding thresholds for personnel are adhered to.</i>	5		
<i>Specific roles of personnel, consultants and contractors are explained and justified.</i>	5		
<i>Equipment, travel, supplies and training costs are explained and justified.</i>	5		
Total	20		

6.Additional Solicitation Requirements	8 Points Total		
<i>Public Health Impact Statement includes Public Health Accreditation Board (PHAB) Standards that will be addressed by grant activities</i>	N/A		
<i>Public Health Impact Statement of Support</i>	N/A		
Human Trafficking --Victims of human trafficking are included in agency's target population, and agency promotes the expansion of services to identify and serve those affected by human trafficking.	N/A		
Total	0		

7. Attachments	7 Points total		
<i>Position descriptions for each strategy funded under the grant.</i>	2		
<i>Table of Organization</i>	1		
<i>Recruitment Plan for Hiring Personnel Representative of the Community</i>	2		
<i>3 Letters of Collaboration</i>	2		
Total	7		
9. Overall Quality	3 Points Total		
<i>Clarity / completeness</i>	1		
<i>Adherence to all solicitation guidelines</i>	1		

<i>Formatting requirements met</i> <ul style="list-style-type: none"> • <i>Properly labeled</i> • <i>1.5 spacing with 1-inch margins</i> • <i>Budget and Project Narratives in portrait orientation on 8 ½ by 11 paper</i> • <i>All pages numbered</i> • <i>Project Narrative meets page limit requirement</i> • <i>12-point font</i> 	1		
Total	3		F
Total Score of Review	60 Points Total		

Ending the HIV Epidemic (EH25) Workplan

The Ryan White Part B Ending the HIV Epidemic Program encourages applicants to carefully review the service categories being funded, ensure they apply under the correct category that aligns with their proposed services, and include measurable goals under the corresponding objectives, strategies, and goals. The workplan below includes examples from key activities created by Ryan White Part B EHE clients and partners through the HIV Care and Prevention Integrated Plan.

Ending the HIV Epidemic ODH Work Plan			
Pillar Two: <i>Treat people living with HIV rapidly and effectively to reach sustained viral suppression.</i>			
Goal 1: <i>Increase viral suppression in priority populations</i>			
Strategy 1: Increase linkage to HIV care for Target populations in Hamilton County by 2%.			
Objective 1: By 02/25 identify partners that have the potential to reach target population communities.			
Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Collaborate with local SUD, mental health providers, FQHCs, and homeless outreach for HIV testing and harm reduction.			
Identify and refer PWIDs not in HIV care for long-term treatment.			
Track newly diagnosed PLWHA referrals from DIS to EHE interventions.			
Partner with food banks to enhance food security for PLWH.			
Expand HIV testing and ART access for justice-involved individuals.			
Increase opt-out HIV testing and same-day ART for justice-involved individuals by establishing jails as CTR sites and offering CME on rapid ART algorithms.			
Goal 2: <i>Barriers to care will be monitored and reduced by 02/25.</i>			
Strategy 1: Increase use of the transportation resources in Hamilton County by 5%			
Objective 1: Evaluation of current transportation services.			
Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success

Objective 2: By 02/25 increase access to HIV medical care within the community.

Reduce stigma to improve HIV care access for youth MSM, trans individuals, people of color, and immigrants.			
Connect African American MSM to care through collaboration with community programs, support groups, and organizations.			
Expand outreach to the African American male community.			
Expand medical care for homeless individuals new to care or not virally suppressed.			
Increase mobile HIV and STI testing via the 513 bus and other units with opt-out testing.			
Launch mobile health services for PLWH, offering same-day ART and MOUD induction when appropriate.			

Objective 3: By 10/26, increase support to people living with HIV that also struggling with housing.

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Provide temporary housing support for homeless individuals through SRs.			
Partner SRs with FQHCs to offer HIV care outreach to the homeless.			

Objective 4: By 10/25 increase legal aid to people living with HIV

Partner with Hamilton County Drug Treatment and Recovery Court for legal issues related to PLWH.			
Provide comprehensive legal support through the Legal Aid Society for PLWH.			

Strategy 2: By 2/25, expand on established partnerships that utilize telehealth to maintain clients in care.

Objective 1: By 2/25 establish new partnerships that promote the use of Telemedicine to include new FQHCs

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Partner with providers to offer telehealth services, improving access to HIV/AIDS care.			

Strategy 3: By 6/25, expand use of Medication for Opioid Use Disorder (MOUD) through increased telehealth, and mobile health units to mitigate the barrier of opioid use disorder (OUD) for PLWH.

Objective 1: By 6/25 establish new partnerships with FQHCs, mobile health units, and primary care facilities to offer MOUD to PLWH and have OUD.

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Implement MOUD for PLWH by mobile health providers.			

Goal 3: Enhance Best Practices of social engagements/activities and Psychosocial Support Services to individuals or groups who are disproportionality impacted by HIV.

Strategy 1: Increased involvement in social networks to support the health and well-being of individuals living with HIV, and to reduce isolation, decrease stigma, and increase service utilization.

Objective 1: By 2/25 enhance peer navigation program to support patient engagement across the continuum in Hamilton County.

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Develop interfaith partnerships for HIV education and anti-stigma efforts.			
Partner with wellness programs for fitness, nutrition, and mental health support.			

Objective 2: By 8/24 SRs will present a list of planned psychosocial events for the upcoming 12 months. Planning of psychosocial events that do not duplicate services and reach target populations and provide support to those living with HIV.

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Provide 30 social engagements annually (e.g., support groups, bingo nights).			
Develop peer support for PLWH involved in trafficking or survival sex work.			

Objective 3: By 8/25 SRs will present a list of planned offerings to improve quality of health for PLWH through treatment of Opioid Use Disorder (OUD), and increased access to dental and hygiene facilities.

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Partner to provide shower and laundry trailers for homeless PLWH.			
Enhance psychosocial support for homeless PLWH.			

Objective 4: Foster Community Based Education and Support Initiatives

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Leverage community spaces (e.g., barber shops) for HIV education and testing.			
Integrate mobile dental care into health services for PLWH via FQHC partnerships.			

Goal 4: Strengthen Healthcare Partnerships for Improved HIV Services.

Strategy 1: Improve Healthcare Provider Competence and Community Resources

Objective 1: Increase Collaboration with UCMC Early Intervention Program.

Objective 2: Enhance Healthcare Provider Training and Community Resources

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Provide trauma-informed care training for providers working with trafficked individuals and sex workers.			

Objective 3: Enhance Support Services and Interventions for PLWH

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Expand mental health programs for HIV-affected couples and families.			
Partner with aging organizations to address health needs of older PLWH.			

Pillar Four: *Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them.*

Goal 1: *Continue cluster detection efforts through public health and the ODH surveillance section.*

Strategy 1: Provide enhanced and routine data reports from ODH HIV Surveillance Section.

Objective 1: By 2/30 Increased assistance in monitoring local outcomes for persons identified as part of the HIV cluster in Hamilton County

Key Activities/Action Steps	Target Start Date	Responsible Parties	Metrics/Indicators of Success
Use cluster data for intervention and tracking viral load suppression and retention.			
Review and report data on referrals, retention, and outcomes for HIV in detected clusters.			

Appendix E

Required Data Reporting Ending the HIV Epidemic (EHE)

All agencies funded with Ending the HIV Epidemic (EHE) federal grant and/or Ryan White Rebate dollars are required by the Health Resources and Services Administration (HRSA) to report client-level data for all services provided.

The below data elements are the minimum data required by HRSA. The Ryan White HIV team at the Ohio Department of Health will be available to assist with data training, any account set up needed in Ryan White Application Database (RWAD), as well as technical assistance related to data completeness and accuracy. Data related to all services provided must be uploaded or entered at least monthly.

HRSA-required data to be reported for all service categories:

- Client First and Last Name
- Client Zip Code
- Client Vital Status
- Client Date of Birth
- Client Ethnicity
- Client Race (including appropriate race sub-groups)
- Client Sex at Birth
- Client Gender
- Client Federal Poverty Level Percent
- Client Health Insurance Coverage
- Client HIV Status (all clients must be HIV positive)
- Whether client is new to program
- Date(s) of service(s) for each service received
- Additional data elements may be required if HRSA data collection requirements change

Additional HRSA-required data for EHE Initiative Services (to be reported along with the above data):

- Client Housing Status
- Client Housing Status Collection Date
- Client Risk Factor
- Client HIV Diagnosis Year (new clients)
- If client received services in the previous year

Additional HRSA-required data for Outpatient/Ambulatory Health Services (to be reported along with the above data):

- First outpatient/ambulatory health service visit date
- CD4 counts and dates
- HIV Viral Load counts and dates
- Prescribed Anti-Retroviral Therapy
- Screened for syphilis
- Pregnant
- Date of first positive HIV test (for clients with new HIV diagnosis)
- Date of outpatient/ambulatory visit after first positive HIV test (for clients with new HIV diagnosis)

Additional HRSA-required data for Housing Services (to be reported along with the above data):

- Client Housing Status

- Client Housing Status Collection Date

Clients will be required to have an EHE enrollment in RWAD and monthly services data will be uploaded into RWAD for the following service categories.

Service Category	Funding Source/Client Eligibility	Additional ODH- Required Data Elements	Data Collection System
EHE Initiative Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload EHE services data into Ryan White Application Database (RWAD)
Early Intervention Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload EIS services data into Ryan White Application Database (RWAD)
Psychosocial Support Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload psychosocial services data into Ryan White Application Database (RWAD)
Medical Transportation	EHE federal grant/EHE client eligibility	Type of transportation	EHE subrecipients will upload medical transportation services data into Ryan White Application Database (RWAD)
Health Education/Risk Reduction	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload HE/RR services data into Ryan White Application Database (RWAD)
Outreach	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload Outreach services data into Ryan White Application Database (RWAD)
Emergency Financial Assistance	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload EFA services data into Ryan White Application Database (RWAD)
Mental Health Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload mental health services data into Ryan White Application Database (RWAD)
Oral Health Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload oral health services data into Ryan White Application Database (RWAD)

Service Category	Funding Source/Client Eligibility	Additional ODH-Required Data Elements	Data Collection System
Substance Abuse Outpatient Care	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload substance abuse outpatient services data into Ryan White Application Database (RWAD)
Outpatient/Ambulatory Health Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload OAHS services data into Ryan White Application Database (RWAD)
Other Professional Services (Legal)	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload legal services data into Ryan White Application Database (RWAD)
Housing Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will upload housing services data into Ryan White Application Database (RWAD)