



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Stephanie McCloud, Director

MEMORANDUM

Date: December 15, 2020

To: Subrecipient agencies

From: Sietske de Fijter, MS *Sdf*
State Epidemiologist
Chief, Bureau of Infectious Diseases

Subject: *Ryan White: Ending the HIV Epidemic* (EH21) April 1, 2021 – February 28, 2022

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Tuesday, February 16, 2021. 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 Submission of the competitive application constitutes acknowledgment and acceptance of ODH's Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this subgrant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.

If you have questions, please contact Laurie Rickert at 614-466-1411 or e-mail at laurie.rickert@odh.ohio.gov.

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ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF *Infectious Diseases*

Ryan White: Ending the HIV Epidemic SOLICITATION FOR FISCAL YEAR 2021 (4/1/2021 – 02/28/2022)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 12/02/2019
For grant starts 10/1/2020 and thereafter

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose.....	3
D.	Qualified Applicants	3
E.	Service Area.....	4
F.	Number of Grants and Funds Available	4
G.	Due Date	4
H.	Authorization	4
I.	Goals	4
J.	Program Period and Budget Period.....	4
K.	Public Health Accreditation Board Standards.....	4
L.	Public Health Impact Statement.....	5
M.	GMIS Health Equity Module.....	7
N.	Human Trafficking.....	7
O.	Appropriation Contingency	7
P.	Programmatic, Technical Assistance and Authorization for Internet Submission	7
Q.	Acknowledgment	7
R.	Late Applications	7
S.	Successful Applicants	8
T.	Unsuccessful Applicants	8
U.	Review Criteria	8
V.	Freedom of Information Act	8
W.	Ownership Copyright.....	9
X.	Reporting Requirements	9
Y.	Special Condition(s).....	11
Z.	Unallowable Costs	11
AA.	Client Incentives and Enabler	11
AB.	Audit	12
AC.	Submission of Application.....	13

II. APPLICATION REQUIREMENTS AND FORMAT

A.	Application Information.....	14
B.	Budget	14
C.	Assurances Certification	15
D.	Project Narrative	16
E.	Civil Rights Review Questionnaire – EEO Survey	18
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	18
G.	Public Health Impact.....	18
H.	Attachment(s).....	19

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Request Form
- C. Application Review Form (required)
- D. Ending the HIV Epidemic (EH) Work Plan |

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date 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 Thursday, January 14, 2021 to access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. 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 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.

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and 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 preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) 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-manual>

Please refer to Policy and Procedure updates 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 examples 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).
- 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. 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 to strategically partner with local public health departments, community service agencies, 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 in 2018 through the CDC-RFA-PS18-1802 funding opportunity, as well as key stakeholders and partners collaborating on Ohio's Integrated HIV Prevention and Care Plan, 2017-2021, will serve as the foundation for Ohio's accelerated planning and implementation of the EHE efforts in Hamilton County.

Planning activities will focus on HIV care programming for persons with HIV infection. The proposed project will implement activities with these grant funds around two key areas focused on Pillar Two: 1). Increasing access to care by enhancing outreach efforts, highlighting re-engagement, and expanding access to medical resources; and 2). Creating social engagement opportunities for individuals living with in Hamilton County. The third key area will focus on Pillar Four: Responding to clusters identified in Hamilton County. |

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. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can 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 application and all required attachments by **4:00 p.m. on Tuesday, February 16, 2021.**

E. Service Area: *Service area is limited to Hamilton County; as designated by HRSA NOFO 20-078; Appendix A*

F. Number of Grants and Funds Available: *Up to 6 (six) applicants may be awarded for a total amount up to \$640,000. Funding will be allocated across the following service categories: Viral Load Suppression Coordinators (\$140,000), Retention Coordinators (\$140,000), Peer Navigators (\$125,000), Medical Transportation (\$25,000), Psychosocial Support Services (\$50,000), and Telehealth Medical Services (\$160,000).*

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

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. on Tuesday, February 16, 2021.** Applications and required attachments received after this deadline will not be considered for review.

Contact Laurie Rickert at 614-466-1411 or laurie.rickert@odh.ohio.gov with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

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

I. Goals: *The goals of ODH in releasing funds for the initiative/program/activity are to:*

- 1). Increase access to care by enhancing outreach efforts, highlighting re-engagement, and expanding access to medical resources;*
- 2). Identify individuals who are newly diagnosed, not engaged in care, and/or not virally suppressed;*
- 3). Create social engagement opportunities for HIV+ individuals in Hamilton County*
- 4). Conduct planning and evaluation of constructing a peer navigation program*
- 5). Prepare resources & protocols for responding to clusters identified in Hamilton County*

J. Program Period and Budget Period: The program period will begin April 1, 2021 and end on February 28, 2025. The budget period for this application is April 1, 2021 through February 28, 2022).

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 applicant agencies 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, indicate that point 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 health inequities. Applicants are **not** required to complete the below objectives for this submission:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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, 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 disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. GMIS Health Equity Module:

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that **best** reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

N. 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 (Ending the HIV Epidemic)-
Applicants are not required to submit this narrative.

O. 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.**

P. 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 (Laurie Rickert at 614-466-1411 or at laurie.rickert@odh.ohio.gov regarding any questions about this **Solicitation**)

A bidder's conference call will be held on Monday, January 4, 2021 between 2:00-4:00pm. Please use conference line: 1-855-405-1648; participant code 45319#.

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 sent electronically must be

transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, February 16, 2021 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- 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 grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 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, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates 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;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies 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; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. *Application Review Form (Appendix C) provides further details of scoring.*

The 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.

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 Infectious Diseases], [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: A Plan for America- Ryan White HIV/AIDS Program Parts A and B] grant, grant award number [HRSA-20-078], and CFDA number [93.686].”

X. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. 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 below dates. Program reports that do not include required attachments (non-Internet submitted) will not be approved. All program report attachments must clearly identify the authorized program name and grant number.

<u> X </u> Program Reports Required	No Program Reports Required
<i>Period</i>	<i>Report Due Date</i>
<i>April 1, 2021-August 31, 2021</i>	<i>September 15, 2021</i>
<i>September 1, 2021-February 28, 2022</i>	<i>March 15, 2022</i>

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP. Subrecipient awarded for this grant will be required to facilitate and/or attend all 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:

<i>Period</i>	<i>Report Due Date</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>
<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – 31, 2022</i>	<i>February 10, 2022</i>
<i>February 1 – 28 or 29, 2022</i>	<i>March 10, 2022</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>April 1-May 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1- August 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – November 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – February 28, 2022</i>	<i>March 10, 2022</i>

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- 1. 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, 2022. 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 the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- 2. 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;
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;

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. Indirect incentives (e.g., gift cards) may be used to encourage community engagement and testing, as applicable. No direct incentives may be provided, including, but not

limited to, exchanging money, goods, or services for HIV testing. |

Client Enablers are *an allowable cost*. The following client enablers are allowed: |
Transportation. The line item for client transportation is defined as:

Reimbursement of public transportation involving the movement of people from one location to another for linkage to care purposes. Modes of transport include taxi, bus, or any other public transportation excluding reimbursement of a private individual to transport a client in their personal vehicle. |

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: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious 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 the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AC. Submission of Application

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 (print on one side only).
- Program Narrative should not exceed N/A pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

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
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
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: EHE Work Plan, 3 Letters of Collaboration, Position Descriptions, Table of Organization, and Hiring Recruitment Plan

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for 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 signifies authorization by an agency official and constitutes 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 the ODH.
- B. Budget:** Prior to completion of the budget section, please review page [11] of the Solicitation for unallowable costs. [

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.]

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and 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 [April 1, 2021] to [February 28, 2022].

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH

before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

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

Recommended Funding Levels:

ODH is committed to recruitment and retention of personnel who have demographic characteristics and/or experiences representative of the population at highest risk in the region, and who are engaged with the communities that the services are intended to reach. Therefore, it is recommended that the minimum salary range be no less than the following: Peer Navigators: \$36,000 + fringe; Viral Load Suppression Coordinators: \$42,000 + fringe, Retention Coordinators: \$42,000 + fringe, and Program Supervisors: \$50,000 + fringe.

If the agency is unable to meet the recommended funding levels, please provide justification for proposing a reduced salary for each specified position(s) in the budget narrative. If the agency proposes higher salary than what is indicated above, agency must provide justification for higher market rate for each position.

Please only include the budget and justification for those positions you are intending to support: Viral Load Suppression Coordinators, Retention Coordinators, Peer Navigators, Medical Transportation, and/or Telehealth Technology.

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 please see section B2.10 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, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address. **Not required for this application submission.***
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. **Not required for this application submission.**
3. 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. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. **Not required for this application submission.**
4. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. **Not required for this application submission.**
5. **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the 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. **Not required for this application submission.***
6. **Methodology:** In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.

Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

As you prepare your work plan, please reference the Ending the HIV Epidemic: A Plan for America and the four pillars or key strategies.

- Pillar One: **Diagnose** all people with HIV as early as possible;
- Pillar Two: **Treat** people with HIV rapidly and effectively to reach sustained viral suppression;
- Pillar Three: **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs); and
- Pillar Four: **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

ODH has divided up the required efforts into two objectives pertaining to Pillar Two: 1). Develop or enhance strategies for coordinated services to increase access to care in Hamilton County; 2). Increase the number of individuals living with HIV who have access to social engagement opportunities; and one objective has been identified for Pillar Four: Facilitate and utilize enhanced and routine data reports from ODH HIV Surveillance Section.

The first objective in Pillar Two entails coordinating efforts to expand access to care by supporting positions that will strategize interventions for increasing viral load suppression within defined target populations. **Viral Load Suppression Coordinators** will conduct outreach and education with young, Black/African American, men who have sex with men (MSM), transgender individuals, and people who inject drugs (PWIDs) who are newly diagnosed or not engaged in care/virally suppressed. A second strategy in this focus areas will be placing **Retention Coordinators** in Hamilton County to enhance data to care efforts and retain individuals living with HIV in care who are at high risk for not being retained in medical care. This includes intensive follow up and monitoring of comprehensive needs. Target population will include PWIDs associated with the cluster and individuals being released from jail or prison. To compliment these new initiatives, **Medical Transportation** will be expanded to ensure newly diagnosed individuals and individuals who have fallen out of care have access to confidential transportation to attend necessary medical appointments. Finally, **Telehealth Technology** will be initiated to expand access to essential medical care. These strategies will provide the capacity to incorporate primary healthcare services and rapid antiretroviral therapy (ART) initiation to high-burden areas of Hamilton County and the ability to deliver HIV/AIDS specialty care in remote or marginalized communities.

The second objective related to Pillar Two includes developing social engagement opportunities for individuals living with HIV who experience isolation, stigma, and limited support systems. ODH is proposing funding **Peer Navigators** to support patient engagement along the continuum. Peer Navigators would provide education about pre-exposure prophylaxis (PrEP) access and raise awareness about Undetectable equals Untransmittable (U=U). ODH also desires to enhance social engagement by allocating funding **Psychosocial Support Services** to individuals or groups who are disproportionality impacted by HIV. Hamilton County has offered a strong model of case management for decades, and the infusion of additional resources to support social

engagement and connections to peers allows the opportunity to expand services to better reach communities that have traditionally experienced barriers to accessing and maintaining services.

ODH will be coordinating HIV cluster detection efforts with local public health officials to address Pillar Four. ODH will provide viral load, CD4 and molecular sequencing data from the enhanced HIV/AIDS Reporting System (eHARS) to Hamilton County Public Health (HCPH) to assist in monitoring local outcomes for persons identified as part of an HIV cluster in Hamilton County. Data provided for cluster detection will be shared with the local cluster team developed in Hamilton County and to engage those positions proposed as a result of this initiative: Viral Load Suppression Coordinators and Retention Coordinators. ODH will remain engaged to ensure personnel responsible for responding are trained in their role when a cluster has been detected. Applicants will be expected to demonstrate how they will utilize reports provided by ODH for rapid cluster response and intervention and then provide data to ODH to allow for cluster analysis.

Applicants must include a minimum of two additional activities related to the strategies for which they are seeking funding. Any activities currently represented in the Appendix D Work Plan are considered required and applicants must add additional activities to demonstrate how they will accomplish the stated objectives and outcomes for Pillars Two and Four. Applicants must also complete the process measures for each activity, responsible party, and target completion date. Please note, once the NOIAF is received, applicants will be provided with an Excel version of the Work Plan to ease completion. |

- 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 automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

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

- G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the

local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

- H. 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 to 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 that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before (Tuesday, February 16, 2021)**.

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 (Viral Load Suppression Coordinators, Retention Coordinators and/or Peer Navigators)*
- 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 Access Form
- C.** Application Review Form
- D.** Hamilton County EHE Work Plan

Reimbursement
Type
Select one of the
options below:

☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Medical Director
Bureau of Infectious Diseases

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

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)
Acc

☐ County Agency
☐ City Agency

☐ Hospital
☐ Higher Education

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

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 laurie.rickert@odh.ohio.gov BY Thursday, January 14, 2021

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.

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS 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: ☐ New Agency – Needs GMIS Access

☐ New Employee - needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: _____

☐ Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information:

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Submit by Thursday, January 14, 2021

Ending the HIV Epidemic (EH)
Grant Application Review/Rating Form
Program Period: April 1, 2021 – February 28, 2025
Budget Period: April 1, 2021 – February 28, 2022

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 “SMART” (specific, measurable, achievable, relevant, and time-bound) 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		
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 (Viral Load Suppression Coordinators, Retention Coordinators, and/or Peer Navigators).</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"> • Properly labeled • 1.5 spacing with 1-inch margins • Budget and Project Narratives in portrait orientation on 8 ½ by 11 paper • All pages numbered • Project Narrative meets page limit requirement • 12-point font 	1		
Total	3		
Total Score of Review	60 Points Total		

Goal: Identify individuals who are newly diagnosed, not engaged in care, and/or not virally suppressed (Pillar 2)			
Objective: Develop or enhance strategies for coordinated services to increase access to care in Hamilton County.			
Outcome: Increased number of newly diagnosed individuals linked to care; increased number of previously positive individuals linked to care; and increased number of virally suppressed individuals.			
Strategy 1: Build the Viral Load Suppression (VLS) Initiative to improve the viral load suppression of individuals who are young, Black/African American, MSM, transgender individuals, and PWIDs by identifying and linking newly diagnosed and/or HIV+ individuals who have fallen out of medical care.			
Activities	Process Measures	Responsible Party	Target Completion Date
Hire individual(s) with appropriate background, education and/or experience to fill Viral Load Suppression Coordinator role(s)	[Insert number] Viral Load Suppression Coordinator(s) hired		
Identify individuals who are HIV+ and not virally suppressed by [insert specific activities for identifying people]	[Insert number] people identified	VLS Coordinators	
Link identified individuals to care [insert specific strategies that will be employed]	[Insert number or percentage] people linked to care	VLS Coordinators	
Strategy 2: Add Retention Coordinators to enhance data to care efforts and increase retention individuals who are HIV+ by conducting intensive follow up and monitoring of comprehensive needs.			
Activities	Process Measures	Responsible Party	Target Completion Date
Hire individual(s) with appropriate background, education and/or experience to fill Retention Coordinator role(s)	[Insert number] Retention Coordinator(s) hired		
Support Hamilton County in Data to Care efforts to retain in care individuals living with HIV who are at high risk for falling out of medical care	[Insert number] people served via Data to Care activities	Retention Coordinators	
[Detail intensive follow up activities] with people living with HIV who inject drugs and are associated with the cluster	[Insert number] intensive follow ups completed with cluster associated PWIDs	Retention Coordinators	
Conduct follow up with HIV+ individuals referred by the Community Linkage Program at ODH who are being released or are newly released from jail	[Insert number] follow ups completed with individuals referred from Community Linkage Program	Retention Coordinators	

Strategy 3: Expand Medical Transportation options to include contracted services that will provide confidential and affordable transport to appointments.			
Activities	Process Measures	Responsible Party	Target Completion Date
Implement medical transportation contract(s) to provide confidential and enhanced options for individuals living with HIV to attend HIV-related appointments	[Insert number] contracts signed [Insert number] appointments attended via expanded transportation options		
Strategy 4: Incorporate Telehealth Services to deliver HIV/AIDS specialty care in remote or marginalized communities.			
Activities	Process Measures	Responsible Party	Target Completion Date
Purchase necessary equipment, to include [insert any necessary equipment], to allow for provision of telehealth services	[Insert specific equipment] purchased		
Via telehealth, connect individuals living with HIV to providers and specialists to access HIV/AIDS specialty care	[Insert number] individuals living with HIV connected to providers and specialists via telehealth		
Use video conferencing technology to provide real-time clinical expertise to providers with complex HIV/AIDS caseloads in remote areas	[Insert number] rural providers supported with training and/or HIV expert consultation		

Goal: Identify best practices for implementing opportunities for social engagement (Pillar 2)			
Objective: Increase the number of individuals living with HIV who have access to social engagement opportunities.			
Outcome: 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.			
Strategy 1: Implement Peer Navigator program to support patient engagement across the continuum in Hamilton County.			
Activities	Process Measures	Responsible Party	Target Completion Date
Hire Peer Navigator(s) demographically representative of high-risk populations in the region	[Insert number] Peer Navigator(s) hired		

Strategy 2: Provide Psychosocial Support Services to individuals or groups who are disproportionality impacted by HIV.			
Activities	Process Measures	Responsible Party	Target Completion Date
Host social engagements (e.g., support groups, bingo nights, storytelling nights, etc.) that will reach individuals experiencing stigma, social isolation, and limited support systems	[Insert number] social engagements hosted		

Goal: 3. Coordinate HIV cluster detection efforts with public health authorities (Pillar 4)			
Objective: Facilitate and utilize enhanced and routine data reports from ODH HIV Surveillance Section.			
Outcome: Increased collaboration in monitoring local outcomes for persons identified as part of the HIV cluster in Hamilton County.			
Strategy 1: Utilize reports provided by ODH for rapid cluster response and intervention.			
Activities	Process Measures	Responsible Party	Target Completion Date
Utilize data provided for cluster detection to alert Viral Load Suppression and Retention Coordinators to respond and intervene.	Within 30 days of notification, convene local cluster rapid response team to identify interventions in partnership with public health officials.		As indicated
Strategy 2: Provide data to ODH to allow for cluster analysis.			
Activities	Process Measures	Responsible Party	Target Completion Date
Review and report data on referrals, retention, and health outcomes for people with HIV identified through cluster detection efforts.	Within 60 days of cluster detection, report data on referrals, retention and health outcomes for people identified in the cluster will be provided to ODH.		As indicated