



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 *RLG for Sietske de Fijter*
State Epidemiologist
Chief, Bureau of Infectious Diseases

Subject: Subrecipient Early Intervention Services (EI21) (April 1, 2021 – March 31, 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.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF
Infectious Diseases

Early Intervention Services

SOLICITATION

FOR

FISCAL YEAR 2021

(04/01/2021 - 03/31/2022)

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

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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 | so 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 regarding 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: *Early Intervention Services (EI21)* |

C. Purpose: | In accordance with the Health Resources and Services Administration (HRSA), the National HIV/AIDS Strategy (NHAS), and the HIV Integrated HIV Care & Prevention Plan for Ohio, the purpose of this funding opportunity is to support eleven HIV prevention and care regions in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income people living with HIV (PLWH). As such, the funding supports the NHAS goals of reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities. In addition, the Centers for Disease Control and Prevention (CDC) supports the implementation of comprehensive syringe service programs (SSPs) as an effective public health approach to reduce the spread of infectious diseases. SSPs have been associated with a reduced risk of infection with bloodborne diseases such as HIV and viral hepatitis. Thus, this solicitation may be used for direct funding to support SSPs. |

D. Qualified Applicants: | All applicants must be either a local public health agency or a non-profit agency. 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).

The ODH has a CDC-approved determination of need (DON) on file. The DON was a requirement of utilizing federal funding to support syringe service programs (SSPs). SSPs that are a local public health agency, or a non-profit are considered qualified applicants. |

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:** Region 2 is the primary jurisdiction in need of early intervention services. Applicants requesting funding will be responsible for implementing services in the following counties: Richland, Ashland, Knox, Erie, Huron, Seneca, Crawford, Wyandot, Marion |
- F. **Number of Grants and Funds Available:** Up to two (2) applicants will be awarded for an amount up to \$115,000 for Early Intervention Services (EIS), Outreach Services and Risk Reduction/Education. |

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 or via ground delivery 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, HIV, STI, and Viral Hepatitis Section Administrator at 614-466-1411 and/or via email at laurie.rickert@odh.ohio.gov with any questions.

- H. **Authorization:** Authorization of funds for this purpose is contained the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.917.
- I. **Goals:** The Ohio Department of Health's purposes in releasing funds for Early Intervention Services are to:
1. Increase the amount of people living with HIV who know their status by orienting testing toward priority populations,
 2. Increase access by linking, re-linking, and retaining HIV-infected Ohioans in medical care,
 3. Refer high-risk individuals to services to improve HIV care and treatment at key points of entry,
 4. Provide outreach services and health education/risk reduction related to HIV diagnosis,
 5. Provide referral for biomedical prevention for people at-risk for HIV,
 6. Address population health disparities, including health literacy, stigma, and discrimination, particularly with respect to Black and Hispanic/Latino individuals; men who have sex with men (MSM), inclusive of young MSM; persons who inject drugs (PWID) inclusive of young PWID; non-US born individuals, inclusive of heterosexual women; and transgender women and men, and
 7. Support the implementation and continued development of the State Integrated Prevention/Care Plan.
- J. **Program Period and Budget Period:** The program period will begin April 1, 2021 and end on March 31, 2023. The budget period for this application is April 1, 2021 through March 31, 2022.

- K. **Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address the following PHAB 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. ***This summary is not required for the competitive application.**

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. ***This statement of support is not required for the competitive application.**

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 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 Early Intervention Services. ***Note, while human trafficking efforts are applicable to this grant, this narrative is not required for the competitive application.**

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, HIV, STI, and Viral Hepatitis Section Administrator at 614-466-1411 or via email laurie.rickert@odh.ohio.gov.]

A bidder's conference call will be held on Monday, January 11, 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 of Infectious Diseases, HIV, STI, and Viral Hepatitis Section and as a sub-award of a grant issued by U.S. Department of Health and Human Services under the Ryan White Part B grant, grant award number X07HA00017, and CFDA number 97.913.”

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

☒ X Program Reports Required ☐ No Program Reports Required

<i>Report</i>	<i>Report Due Date</i>
Interim Progress Report	October 31, 2021
Annual Progress Report	April 30, 2022

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

Mandatory meetings throughout the duration of the grant budget year (April 1, 2021-March 31, 2022 include quarterly calls and bi-annual grantee meetings. Dates to be determined.

- 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, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – March 31, 2022</i>	<i>April 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 May 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;
23. Syringes for Syringe Service Programs

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 may be used to encourage community engagement and testing. 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: **Medical 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:

<p>Complete & Submit Via Internet</p>
--

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 |EIS Work Plan, Position

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 4/1/2021 to 3/31/2022.

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.

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.

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.

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.***

3. 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.***

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.

Early Intervention Services (EIS) is described as: a combination of essential services (testing, outreach, and education) that are coordinated with the regional HIV prevention and care programs. EIS includes the identification of individuals at points of entry (e.g., Emergency rooms, syringe service programs, substance abuse & mental health treatment programs, sexually transmitted disease clinics, homeless shelters, counseling, testing and referral sites, or federally qualified health centers) and referrals to access the provision of services: HIV testing and targeted counseling, linkage to care, health education, and

literacy training.

Early Intervention Services may be provided in conjunction with syringe service programs (SSPs). SSPs have been associated with a reduced risk of infection with bloodborne pathogens such as HIV and viral hepatitis. In addition to improving access to sterile injection equipment, SSPs often provide other services important in supporting persons who inject drugs (PWID). SSPs offer risk reduction counseling and are an important venue for HIV, viral hepatitis, STD, and TB testing; hepatitis A and hepatitis B vaccination; linkage to care and treatment; the provision of naloxone; and referrals to substance use treatment. Funding may not be utilized to provide sterile needles, a restriction of the federal law.

EIS must include the key strategies listed in Appendix D. Applicants must also include a minimum of two additional activities related to the key strategies. Applicants must complete the process measures for each activity and include the target completion date. |

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.**

A minimum of an original and the indicated number of copies of non-Internet attachments are required.

Applicants will be required to submit the following attachments:

- 1. Completed Early Intervention Services Work Plan*
- 2. Position Descriptions for each position funded on the application*
- 3. Table of Organization*

III. APPENDICES

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Access Form
- C.** Application Review Form
- D.** 2021 Early Intervention Services Work Plan Template

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:
Early Intervention Services |

ALL INFORMATION REQUESTED MUST BE COMPLETED

Submission Required

See Due Date Below

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

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 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 by Thursday, January 14, 2021

**Early Intervention Services
Grant Application Review/Rating Form
Program Period: April 1, 2021 – March 31, 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: 50 points

MINIMUM COMBINED 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>Activities are "SMART" (specific, measurable, achievable, relevant, and time-bound) and demonstrate how they will accomplish each key strategy.</i>	5		
<i>Additional activities <u>describe</u> how the desired outcomes will be achieved. It must be evident <u>how</u> early intervention service coordinators will be utilized to accomplish the activities.</i>	5		
<i>Process measures and target completion dates are completed in the workplan for all activities. These elements should be relative to the stated activity.</i>	5		
Total	25		

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		

1. Attachments	2 Points total		
<i>Position descriptions for each position funded on the grant.</i>	1		
<i>Table of Organization</i>	1		
<i>Letters of collaboration</i>	N/A		
Total	2		
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	50 Points Total		

2021 Early Intervention Services Work Plan Template

Early Intervention Services (EIS) is described as: a combination of essential services (testing, outreach, and education) that are coordinated with the regional HIV prevention and care programs. EIS includes the identification of individuals at points of entry (e.g., Emergency rooms, syringe service programs, substance abuse & mental health treatment programs, sexually transmitted disease clinics, homeless shelters, counseling, testing and referral sites, or federally qualified health centers) and referrals to access the provision of services: HIV testing and targeted counseling, linkage to care, health education, and literacy training.

Early Intervention Services may be provided in conjunction with syringe service programs (SSPs). SSPs have been associated with a reduced risk of infection with bloodborne pathogens such as HIV and viral hepatitis. In addition to improving access to sterile injection equipment, SSPs often provide other services important in supporting persons who inject drugs (PWID). SSPs offer risk reduction counseling and are an important venue for HIV, viral hepatitis, STD, and TB testing; hepatitis A and hepatitis B vaccination; linkage to care and treatment; the provision of naloxone; and referrals to substance use treatment. Funding may not be utilized to provide sterile needles, a restriction of the federal law.

Applicants must include each key strategy listed in the work plan table. Applicants must also include a minimum of two additional activities related to the key strategies. Applicants must complete the process measures for each activity and include the target completion date. Process measures are the specific measure(s) of whether an activity has been accomplished. Please include in the process measure section how you will measure the activities to determine if the activity was successful or unsuccessful.

Goal: Increase the number of people living with HIV who know their status by orienting testing toward priority populations, making referrals, and providing outreach and education.

Objective: Improve access to care or prevention interventions by linking, re-linking, and retaining individuals with HIV or individuals who are at a disproportionately higher rate of being diagnosed with HIV to achieve optimal health care outcomes.

Key Strategy	Activities	Process Measures	Target Date
1. Conduct targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services.	1. Coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts; 2. Add additional activity		
2. Provide referrals for people living with HIV (PLWH) to services that improve HIV care and treatment services at key points of entry.	1. Develop referral guide of local services for care and treatment; 2. Add additional activity		
3. Refer individuals who test positive to regional disease intervention specialists to	1. Build strong relationships with regional DIS, including a process for DIS to refer		

ensure appropriate prevention interventions are conducted, including partner services.	clients to PrEP navigation services; 2. Add additional activity		
4. Enroll individuals who test HIV negative but are considered “high-risk” into the Prevention Assistance Program Interventions (PAPI) database to access Pre-Exposure Prophylaxis (PrEP).	Add two activities		
5. Enhance access and linkage for people considered to be at high-risk for HIV infection to PrEP/PEP/biomedical prevention providers.	Add two activities		
6. Enhance access and linkage for PLWH to HIV care and treatment services such as: HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Treatment	Add two activities		
7. Provide Outreach Services and Health Education/Risk Reduction related to HIV or STI diagnosis	<p>1. Outreach services includes the provision of the following three activities: Identification of people who do not know their HIV status and linkage into medical care, Provision of additional information and education on health care coverage options, Re-engagement of people who know their status into medical care.</p> <p>2. Health Education/Risk Reduction includes providing education to clients living with HIV about reducing the risk of HIV transmission. Also includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.</p> <p>3. Health education may include: Biomedical prevention strategies such as PrEP/PEP and treatment as prevention, health care coverage options, health</p>		

	<p>literacy and treatment adherence.</p> <p>4. Identify “high-risk” populations and provide Health Education/Risk Reduction services including access to PrEP/PEP navigation.</p> <p>5. Provide Health Education/Risk Reduction services including access to PrEP/PEP navigation to any client with a recent syphilis or rectal STI.</p> <p>Adding more activities is optional</p>		
8. Provide short-term health navigation for those individuals with positive STI/HIV results	Add two activities		
9. Have representation at the Combined Care and Prevention Meetings, and the Ohio Integrated Prevention/Care Plan Work Groups (as applicable).	Add two activities		