




MEMORANDUM

Date: December 23, 2024

To: Subrecipient agencies

From: Jennifer Voit, Chief   
Bureau of Health Improvement and Wellness

Subject: Integrated Harm Reduction (IH25) 04/01/2025 – 09/29/2025

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., Monday, Feb. 3, 2025**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

---

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Thursday, Jan. 9, 2025, at 12 p.m.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Proposals.

**Microsoft Teams**

Click [here](#) to join the meeting.

**Dial-in Information**

Phone (614) 721-2972, Meeting ID: 298 267 754 545

*ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" above. If your agency does not have Microsoft Teams, you will be given the option to **"Join on the web instead"**. There is also a call-in number above if you do not plan to use your device's audio. **Please note, this program works best in Google Chrome.***

---

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF — Appendix A), no later than 4:00 p.m. on **Friday, Jan. 10, 2025**, to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). For applicants that need access to GMIS, please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on **Friday, Jan. 10, 2025**, to the Grants Administration Unit to begin the process to authorize your account.

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. 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.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions, please contact Devin Quinn, Community Harm Reduction Program Manager, at [Devin.Quinn@odh.ohio.gov](mailto:Devin.Quinn@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR  
BUREAU OF HEALTH  
IMPROVEMENT AND WELLNESS

INTEGRATED HARM REDUCTION IH25  
SOLICITATION FOR FISCAL YEAR 2025 (04/01/25 –  
09/29/25)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/29/2023  
For grant starts 4/1/2024 and thereafter

## TABLE OF CONTENTS

### I. APPLICATION SUMMARY and GUIDANCE

A.	<a href="#">Policy and Procedure</a>	3
B.	<a href="#">Application Name</a>	4
C.	<a href="#">Purpose</a>	4
D.	<a href="#">Qualified Applicants</a>	5
E.	<a href="#">Service Area</a>	5
F.	<a href="#">Number of Grants and Funds Available</a>	6
G.	<a href="#">Due Date</a>	6
H.	<a href="#">Authorization</a>	6
I.	<a href="#">Goals</a>	6
J.	<a href="#">Program Period and Budget Period</a>	6
K.	<a href="#">Public Health Accreditation Board Standards</a>	6
L.	<a href="#">Public Health Impact Statement</a>	7
M.	<a href="#">Human Trafficking</a>	9
N.	<a href="#">Appropriation Contingency</a>	9
O.	<a href="#">Programmatic, Technical Assistance and Authorization for Internet Submission</a>	9
P.	<a href="#">Acknowledgment</a>	9
Q.	<a href="#">Late Applications</a>	9
R.	<a href="#">Successful Applicants</a>	9
S.	<a href="#">Unsuccessful Applicants</a>	9
T.	<a href="#">Review Criteria</a>	10
U.	<a href="#">Freedom of Information Act</a>	10
V.	<a href="#">Ownership Copyright</a>	10
W.	<a href="#">Reporting Requirements</a>	11
X.	<a href="#">Special Condition(s)</a>	12
Y.	<a href="#">Unallowable Costs</a>	12
AA.	<a href="#">Audit</a>	13
AB.	<a href="#">Submission of Application</a>	14

### II. APPLICATION REQUIREMENTS AND FORMAT

A.	<a href="#">Application Information</a>	15
B.	<a href="#">Budget</a>	15
C.	<a href="#">Assurances Certification</a>	16
D.	<a href="#">Project Narrative</a>	16
E.	<a href="#">Civil Rights Review Questionnaire – EEO Survey</a>	17
F.	<a href="#">Federal Funding Accountability and Transparency Act (FFATA) Requirement</a>	17
G.	<a href="#">Attachment(s)</a>	18

### III. APPENDICES

- A. [Notice of Intent to Apply for Funding](#)
- B. [GMIS Access Request Form](#)
- C. [C1. Deliverable – Objective Descriptions](#)  
[C2. Deliverable – Objective Allocations](#)
- D. [Application Review Form](#)
- E. [Application Guidance](#)
- F. [List of Approved Harm Reduction Strategies and Goals](#)
- G. [IH25 Supplies Estimate Form \(required for all applicants\)](#)
- H. [Types of Evaluation](#)
- I. [Budget Justification Example](#)
- J. [Itemized Budget](#)
- K. [Workplan Template](#)
- L. [SOS 3.0 Allowable Expense Guide](#)
- M. [SOS 4.0 Umbrella RFA Appendix](#)

## I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, **Jan. 10, 2025**, so access to the online application can be established.

### Important Dates

Bidders' Conference	Thursday, Jan. 9, 2025 (12:00 p.m.)	See Memo
Notice of Intent to Apply	Friday, Jan. 10, 2025 (4:00 p.m.)	<a href="#">Appendix A</a>
GMIS Access Form (if applicable)	Friday, Jan. 10, 2025 (4:00 p.m.)	<a href="#">Appendix B</a>
Applications Due	Monday, Feb. 3, 2025 (4:00 p.m.)	<a href="#">Pages 15-18</a> & <a href="#">Appendix E</a>

**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 for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

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

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

### **Budget Justification Certification language**

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy about 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:** Integrated Harm Reduction 2025 (IH25).

C. **Purpose:** This funding is to strengthen and expand community-based programs focused on overdose education, naloxone distribution, syringe service programs (SSP), and other harm reduction initiatives.

Naloxone plays a critical role in harm reduction by effectively reversing overdoses caused by opioids, including prescription opioids, heroin, and fentanyl. Ensuring widespread access to naloxone is essential for preventing fatalities among Ohioans who use both legal and illicit substances.

Targeted intervention efforts to address the opioid crisis in minority populations within Ohio are crucial due to the disproportionate impact of the epidemic on these communities. According to recent data<sup>1</sup>, overdose deaths among Black Ohioans increased by 15% between 2020 and 2021, with Latino and Hispanic populations also experiencing their highest recorded overdose death rates in 2021. This trend indicates that minority communities are increasingly vulnerable to the effects of the opioid crisis, yet they often have less access to critical harm reduction services, such as naloxone distribution and syringe service programs. Addressing these disparities through targeted interventions can help reduce the mortality rates in these communities by ensuring that life-saving resources are equitably distributed and accessible.

Moreover, these targeted efforts are vital for addressing the broader social determinants of health that contribute to higher overdose risks in minority populations. Structural inequalities, including economic instability, housing insecurity, and limited access to healthcare, exacerbate the opioid crisis's impact on these communities. By focusing on minority populations, Ohio can create more equitable and effective responses to the opioid crisis, ensuring that the interventions are tailored to meet the specific needs of these groups. This approach not only helps in saving lives but also promotes long-term community resilience against substance use disorders.

Funded programs are expected to integrate services into high-priority settings where they are most likely to encounter and assist at-risk and underserved populations, such as racial and ethnic minorities, homeless or displaced individuals, people engaged in sex work, and justice-involved individuals.

Applicants that intend to utilize funds towards the implementation or operation of a syringe service program must join the Syringe Service Program Data Consortium (DCC). Members of the DCC are expected to implement standardized data collection system and provide aggregate, de-identified SSP data to ODH.

---

<sup>1</sup> Ohio Department of Health. (2022). *2022 unintentional drug overdose annual report*. Ohio Department of Health.

**D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Agencies must be a registered Project DAWN program with consistent program activity for at least six months prior to the time the application is submitted. Applicant must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted ([Appendix B](#)).

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

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

E. **Service Area:** ODH will fund up to seven (7) agencies per Project DAWN region (see image below). Applicants shall clearly define the specific geographic area (county, zip codes(s), census tract(s), etc.) and the specific populations to be served with the grant funds. Applicants are required to indicate the areas of service and explain how these areas were selected. If other agencies in the applicant's proposed area of service provide harm reduction services, the applicant must clearly define how their agency will be either serving a different population or providing a separate harm reduction service and there is no duplication of effort within the area.



## REGIONAL MAP



F. **Number of Grants and Funds Available:** Up to 35 grants may be awarded a total of \$2,440,000. Eligible agencies may apply for an amount from \$31,250 to \$84,000 based on their program size. Up to 5 awards will be granted to small programs; up to 15 awards will be granted to medium programs; and up to 15 awards will be granted to large programs. For a financial breakdown by program size, please refer to [Appendix C2](#). This program is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid and Stimulant Response (SOS) grant (TI-22-005). ODH received SAMHSA funds via agreement with Ohio Department of Mental Health and Addiction Services (MHAS).

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

G. **Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, Feb. 3, 2025**. Applications and required attachments received after this deadline will not be considered for review.

Contact Devin Quinn at [Devin.Quinn@odh.ohio.gov](mailto:Devin.Quinn@odh.ohio.gov) with any questions.

H. **Authorization:** Authorization of funds for this purpose is contained in the **Catalog of Federal Domestic Assistance (CFDA) Number 93.788**.

I. **Goals:** To prevent unintentional drug overdose deaths through evidence-based, sustainable, and well-integrated naloxone distribution efforts; reduce the risk of infections and chronic diseases due to substance use; increase access to wraparound services such as healthcare, treatment, and other social services; and address the health inequities that create disparate access to harm reduction resources and drug overdose deaths among subpopulations in Ohio, such as Black and Latino/Hispanic males.

J. **Program Period and Budget Period:** The program period will begin 4/1/2025 and end on 9/29/2027, pending available funding. Timeline is subject to change. The budget period for this application is 4/1/2025 through 9/29/2025.

K. **Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standards 3.1:

- **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 PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](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** — Applicants 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** — Included with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, note this when submitting the program summary with the grant application. If an applicant has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. **Evidence of Health Equity Strategies**

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

- Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment for Ohio's health data) at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/>.
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

- Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030.  
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>.
- Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

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

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more diseases, death, or disability that is beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or

mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

1. Victims of human trafficking are included in your agency's target population.
  - At-risk population
  - Mental health population
  - Homeless population
2. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ **X** Applicable    ☐ Not Applicable to Integrated Harm Reduction

- N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Devin Quinn at [Devin.Quinn@odh.ohio.gov](mailto:Devin.Quinn@odh.ohio.gov) for questions about the solicitation.
- P. **Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. **Late Applications:** GMIS automatically provides a time and date stamp for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, Feb. 3, 2025, at 4:00 p.m.**
- R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.
- S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written

notification, issued over the signature of the Director of Health, or their designee, shall be sent to the unsuccessful applicant via GMIS.

- T. **Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
  3. Is well executed and can attain program objectives.
  4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased, Inclusive and Equitable (SMARTIE) objectives, activities, milestones and outcomes with respect to timelines and resources.
  5. Estimate reasonable cost to the ODH, considering the anticipated results.
  6. Show that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel to reflect the communities served through grant funds.
  7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
  8. Respond to the special concerns and program priorities specified in the Solicitation.
  9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
  10. Are compliant with OGAPP.
  11. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.
  12. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program. Insert further information about program specific review criteria (if applicable) [**Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.**]
- 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.**
- U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]
- V. **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 Health Improvement and Wellness, Violence and Injury Prevention Section and as a sub-award of a grant issued by Substance Abuse and Mental Health Services Administration (SAMHSA) under the State Opioid Response (SOR) grant, grant award number [TBD] and CFDA number 93.788.”

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

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

Reports shall be submitted as follows:

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

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
April 1, 2024 – June 30, 2025	July 5, 2025
July 1 – September 29, 2025	October 5, 2025

**Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.**

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients will be reimbursed quarterly (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). 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 quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – June 30, 2025	July 10, 2025
July 1 – September 29, 2025	October 10, 2025

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

- c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before November 5, 2025. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

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

X. **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 to GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

**Additional Unallowable Costs under SOS 4.0 funding:**

1. Medications for HIV, HBV, TB, STD/STI, and Psychotropic Drugs.
2. Residential or outpatient treatment services when the facility has not yet been acquired, located, approved, and met all requirements for human habitation and service provision.
3. Overtime Compensation.
4. Recruitment Costs/Job Marketing.
5. Severance Pay.
6. Sign-on bonus.
7. Taxes.
8. Tuition/loan reimbursement.
9. Office decorations.
10. Trailers and modular units.
11. Out-of-state travel and mileage reimbursement.

12. Lodging<sup>2</sup>.
13. Meal per diem<sup>3</sup>.
14. Trailers and modular units.
15. Syringes and needles.
16. Promotional Items (including but not limited to clothing, bracelets, commemorative items, pens, bottles/mugs/cups, folders/folios, lanyards, conference bags, stress balls, magnets).
17. Construction/repair costs, capital expenditures.
18. Clothing for staff.
19. Food or food vouchers for staff and participants, including coffee and coffee supplies.
20. Cash payments/gift cards<sup>4</sup>.
21. Hazardous waste disposal.
22. Legal Services.
23. Invention, patent, or licensing costs.
24. Non-Treatment related event costs (tents, banners, sponsorships, etc.).
25. Payment of any lease beyond the project period.
26. Provide financial assistance to any organization other than public or not for profit 501(C)(3).

For a complete list of unallowable expenses, please see Appendices L and M. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) will issue an updated Allowable Expense Guide for SOS 4.0 Grant. Until this update is released, applicants should follow the existing SOS 3.0 Allowable Expense Guide and Umbrella RFA Appendix.

**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. 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 spend \$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**

---

<sup>2</sup> Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes.

<sup>3</sup> Reimbursement for meals is authorized only when overnight lodging is required. Provide a breakdown of the meal costs. Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).

<sup>4</sup> Bus Passes for Participants/Small Denomination Gas or Taxi Fare Gift Cards (\$10-\$15) are allowed.



**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 material findings, must include a cover letter which:**

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

**AB. Application Submission: Formatting Requirements**

- All items of application packet must be in PDF format.
- Properly label each item of the application packet to include your agency per the examples provided in [Appendix E](#).
- 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 15 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &  
submit online.**

1. Application Information.
2. Project Narrative.
3. Project Contacts.
4. Budget.
  - Primary Reason.
  - Funding.
  - Justification.
  - Personnel.
  - Other Direct Costs.
  - Equipment.
  - Contracts.
  - Compliance Section.
  - Summary.
5. Civil Rights Review Questionnaire.
6. Assurances Certification.
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number,**



name and/or address change(s)).

9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov).
10. Public Health Impact Statement Summary (non-health department only).
11. Statement of Support from the Local Health Districts (non-health department only).
12. Attachments as required by Program [(list each one or "NONE")].

## II. APPLICATION REQUIREMENTS AND FORMAT

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

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

A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and ODH.

B. **Budget:** Prior to completion of the budget section, please review page 12-13 and Appendix L of the Solicitation for unallowable costs.

A 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:** For deliverable subgrants provide a budget justification narrative outlining how the deliverable will be met. For base grants provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS). [Add the base language.]

2. **Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs for the period 04/01/2025 – 09/29/2025.

Funds may be used to support personnel, their training, travel. (see OBM website.)

<https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

**All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets.**

**Time & Effort reporting must be completed if staff are charged to multiple funding sources.**

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

and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

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

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

**3. For base funded subgrants [Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.**

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

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

Base the budget solely upon direct costs.

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

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

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

**D. Project Narrative (see Appendix E):**

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

**2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:**

Briefly discuss the applicant agency's eligibility to apply. Identify the agency's size category based on the chart in Appendix F and the average number of clients that receive harm reduction services annually. Describe the agency's experience with Project DAWN and providing naloxone and other harm reduction services. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

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

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

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

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

**E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.

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

All new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov) .

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

- G. **Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be uploaded to GMIS by **4:00 p.m. on or before Monday, Feb. 3, 2025.**

IV. APPENDICES

- A. [Notice of Intent to Apply for Funding](#)
- B. [GMIS Access Request Form](#)
- C. [C1. Deliverable – Objective Descriptions](#)  
[C2. Deliverable – Objective Allocations](#)
- D. [Application Review Form](#)
- E. [Application Guidance](#)
- F. [List of Approved Harm Reduction Strategies and Goals](#)
- G. [IH25 Supplies Estimate Form \(required for all applicants\)](#)
- H. [Types of Evaluation](#)
- I. [Budget Justification Example](#)
- J. [Itemized Budget](#)
- K. [Workplan Template](#)
- L. [SOS 3.0 Allowable Expense Guide](#)
- M. [SOS 4.0 Umbrella RFA Appendix](#)

## Appendix A

Reimbursement Type Select one of the options below:  <input checked="" type="checkbox"/> <b>Quarterly</b>
--

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of  
Medical Director.

Bureau of Health Improvement &  
Wellness.

ODH Program Title:  
Integrated Harm Reduction – IH25

### 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 THE 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.)	<input type="checkbox"/> County Agency.	<input type="checkbox"/> Hospital.	<input type="checkbox"/> Local Schools.
	<input type="checkbox"/> City Agency.	<input type="checkbox"/> Higher Education.	<input type="checkbox"/> Not-for Profit.

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the 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 not, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form (**Appendix B**).

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 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Devin.Quinn@odh.ohio.gov](mailto:Devin.Quinn@odh.ohio.gov) BY **Friday, January 10, 2025**. 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 to be late will not be accepted.**

## Appendix B

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

### GMIS Training, User Access, Access Change or Deactivation Request

**One request per person.** Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that the account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: \_\_\_\_\_.

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date:\_\_\_\_\_.

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0):\_\_\_\_\_.

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

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received:\_\_\_\_\_ Date Processed:\_\_\_\_\_.

Deliver Requests to ODH Grant Support.

Scan & Email: [Grant.Support@odh.ohio.gov](mailto:Grant.Support@odh.ohio.gov)

## Appendix C1 – Deliverable Objectives: Descriptions

**Name of Subgrant Program:** Integrated Harm Reduction (IH25).

**Budget Period:** 4/1/2025 – 9/29/2025.

**Number of Deliverables:** 8.

**Use Budget Justification Scenario:** #3 (See Appendix I).

### X Deliverables Only.

#### **Deliverable — Objective 1: Harm Reduction Goal for Strategy or Setting #1.**

By Sept. 29, 2025, subrecipient **will continue, enhance, expand, or implement a harm reduction** strategy from the list provided in Appendix F. A specific target population must be identified; “People Who Use Drugs” or PWUD will not suffice for this deliverable.

#### **Deliverable — Objective 2: Harm Reduction Goal for Strategy or Setting #2 (Optional).**

By Sept. 29, 2025, subrecipient will **continue, enhance, expand, or implement a harm reduction** strategy from the list provided in Appendix F. A specific target population must be identified; “People Who Use Drugs” or PWUD will not suffice for this deliverable.

#### **Deliverable — Objective 3: Harm Reduction Goal for Strategy or Setting #3 (Optional).**

By Sept. 29, 2025, subrecipient **will continue, enhance, expand, or implement a harm reduction** strategy from the list provided in Appendix F. A specific target population must be identified; “People Who Use Drugs” or PWUD will not suffice for this deliverable.

#### **Deliverable — Objective 4: Harm Reduction Goal for Strategy or Setting #4 (Optional).**

By Sept. 29, 2025, subrecipient **will continue, enhance, expand, or implement a harm reduction** strategy from the list provided in Appendix F. A specific target population must be identified; “People Who Use Drugs” or PWUD will not suffice for this deliverable.

#### **Deliverable — Objective 5: Outreach.**

As of Apr. 1, 2025, subrecipient should engage in outreach to raise awareness about their program and recruit participants within the target demographics, with a focus on health equity underserved populations.

*(Benchmark 1)* By Jul. 5, 2025, subrecipient will submit quarterly outreach updates to ODH, which must include data on the populations reached, the type of outreach conducted, and any other relevant metrics determined by ODH.

*(Benchmark 2)* By Oct. 5, 2025, subrecipient will submit quarterly outreach updates to ODH, which must include data on the populations reached, the type of outreach conducted, and any other relevant metrics determined by ODH.

#### **Deliverable — Objective 6: Project DAWN Activity Assessment.**

By Oct. 5, 2025, subrecipient will complete and submit the Project DAWN Activity Instrument by utilizing Project DAWN Naloxone Intake Form and fentanyl test strip distribution data (if applicable). The assessment must include Project DAWN activity from Apr. 1, 2025, through Aug. 31, 2025.

### **Deliverable — Objective 7: Evaluation Plan.**

*(Benchmark 1)* By Jul. 31, 2025, subrecipient will submit a draft plan to evaluate one of their identified harm reduction goals. Subrecipients must choose an evaluation type that is most appropriate for the goal (outcome, impact, or process evaluation). An ODH Grant Consultant will review and provide feedback and/or approval.

*(Benchmark 2)* By Oct. 5, 2025, subrecipient will submit final evaluation plan. Subrecipients are expected to commence evaluation activities by the start of Year Two (IH26) or October 1, 2025.

### **Deliverable — Objective 8: Annual Project Staffing & Role Transition Plan.**

By May 2, 2025, subrecipient will submit a description and contact information for the designated program coordinator to ODH Program Consultant via GMIS, along with a list of staff members who are, or will be, involved in program operations, including anticipated number of weekly hours to be devoted to project. This document must include hand-off and training plans in the event of staff turnover.

---

### **Reporting Requirements**

Funded applicants will be required to submit:

- Project DAWN data on the 10<sup>th</sup> of every month.
  - Naloxone Intake Forms in REDCap.
  - Monthly Distribution Log in Project DAWN Portal.
  - Monthly Fentanyl Test Distribution Data in REDCap (if applicable).
- Quarterly reports to document the progress of identified goals for selected strategies and settings.
- Quarterly updates on outreach activities (see Deliverable Objective 5).
- End-of-year Activity assessment (see Deliverable Objective 6).

### **Other Required Activities**

Subrecipient Project DAWN programs must remain in good standing through the duration of the grant cycle. In addition to required Project DAWN reporting, subrecipients must attend all bi-monthly Project DAWN meetings and IH25 grant meetings.

Failure to meet deliverables and perform required activities may result in withholding funds, intensive monitoring, and other disciplinary actions.



## Appendix C2 – Deliverable Objective Allocations

The subrecipient budget is based on program size. Applicants must complete a Budget Justification (**Appendix H**) based on the table below.

IH25 Budget (4/1/25-9/29/25)			
Deliverable Objective	Small Program	Medium Program	Large Program
1 - Goal 1	\$6,250.00	\$8,000.00	\$10,500.00
2 - Goal 2 (optional)	\$6,250.00	\$8,000.00	\$10,500.00
3 - Goal 3 (optional)	\$6,250.00	\$8,000.00	\$10,500.00
4 - Goal 4 (optional)	\$6,250.00	\$8,000.00	\$10,500.00
5 - Outreach	\$6,250.00	\$8,000.00	\$10,500.00
6 - Project DAWN Activity Assessment	\$6,250.00	\$8,000.00	\$10,500.00
7 - Evaluation Plan	\$6,250.00	\$8,000.00	\$10,500.00
8 - Annual Project Staffing & Role Transition Plan	\$6,250.00	\$8,000.00	\$10,500.00
<b>Total (Min)</b>	<b>\$31,250.00</b>	<b>\$40,000.00</b>	<b>\$52,500.00</b>
<b>Total (Max)</b>	<b>\$50,000.00</b>	<b>\$64,000.00</b>	<b>\$84,000.00</b>

## Appendix D

### Application Review Form

#### Integrated Harm Reduction (IH25) Scoring and Evaluation

Applicant Information			
Agency Name:		Funding Requested:	
County:		Region:	
Registered Project DAWN Program Length			
<input type="checkbox"/> 0-4 Months	<input type="checkbox"/> 5-12 Months	<input type="checkbox"/> 1 – 2 Years	<input type="checkbox"/> More than 2 Years

Required Applicant Attachments			
Attachment 1.	Work Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 2.	Itemized Budget.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 3.	Budget Justification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 4.	Letters of Support or Commitment for each Partner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 5.	Position Descriptions and Resume/CV.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 6.	County Board of Health Approval for SSP Implementation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Attachment 7.	Public Health Impact Statement of Support (for non-LHDs).	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Section	Maximum Points	Score/Result
Executive Summary	25	
Description of Applicant/Eligibility/Personnel	25	
Problem/Need	40	
Methodology	45	
Workplan	30	
Agency in Naloxone Saturation County	Y/N	
<b>TOTAL</b>	<b>165</b>	

***Applicants must score at least 115.5 points (70%) to be considered for funding.***

<b>Funding Recommendation:</b> <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended*
<b>Strengths:</b>
<b>Weaknesses:</b>
<b>Special Conditions:</b>

\*The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with VIPs Harm Reduction and Drug Overdose Prevention goals and/or the purpose of the IH25 Solicitation; 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by IH25 review criteria; 3. Fraudulent presentation; 4. Determination that grant funds are to be used as a substitute for an existing project's current resources; or 5. The applicant does not meet Project DAWN eligibility requirements as outlined (page 5, Section D of RFP).

Scoring Scale		
1	Unacceptable	The applicant does not explicitly address the criteria. The applicant states the question but does not elaborate on the response. The applicant skips or ignores the question or includes irrelevant information that does not answer the question.
2	Marginal	The applicant provides minimal details and insufficient descriptions that do not completely answer the criterion. Limited information is presented, or the applicant merely repeats information included in the RFP. The applicant may answer part of the criterion but miss a key point or there are major gaps in the information presented
3	Acceptable	The applicant provides a basic response to the criterion but does not include enough detail or pertinent examples. Key descriptions, details, and examples are limited.
4	Very Good	The applicant provides significant descriptions and relevant details in addressing the criteria, but the response is not fully comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to specify what makes the response better than acceptable but not up to the standards of outstanding.
5	Outstanding	The applicant explicitly addresses the criterion by providing comprehensive descriptions, thorough details, and examples. Relevant examples and data are included to support the information presented. The applicant demonstrates a strong understanding of the topic, and the level of detail reinforces each response clearly and how the project will be implemented.

## REVIEW CRITERIA

Executive Summary	Score	Comments
Applicant clearly identifies the county and region in which agency is based.		
Describes the public health problem(s) related to drug overdose and negative outcomes from substance use in their area(s) of service.		
Describes the health disparities, including populations most impacted by the health problem(s).		
States the goals for addressing the public health problems.		
Identifies the selected harm reduction strategies or settings as services to be offered.		
<b>Total Score</b>		<b>Max = 25</b>
Description of Applicant /Eligibility/Personnel	Score	Comments
Identifies agency size category and annual number of clients served (small, medium, large).		
Describes experience providing naloxone and other harm reduction services as a Project DAWN program.		

Lists personnel who will be involved in the grant work and describes roles, relationships, and hours per week dedicated to the grant.		
Demonstrates staff expertise in harm reduction principles/strategies and/or plans for training.		
Describes agency capacity to effectively convey information in accordance with CLAS and ADA Standards for effective communication in a manner and method that is easily understood by diverse audiences.		
<b>Total Score</b>		<b>Max = 25</b>

<b>Problem/Need</b>	<b>Score</b>	<b>Comments</b>
Provides more in-depth, data-driven analysis of the public health problem(s) addressed in the Executive Summary.		
Identifies and describes segments of the local target population who experience a disproportionate burden for the health problem(s), or those who are at increased risk. Population is specific and beyond “People Who Use Drugs” or PWUD.		
Identifies the number of goals and explains the harm reduction strategies/settings and the rationale for each goal. A backup strategy from approved list is provided if applicant proposes one not found in Appendix F.		
Describes all services to be provided via each strategy/setting and the locations.		
Explains how each harm reduction activity will meet the needs of identified target populations.		
Identifies and describes partnerships for each harm reduction strategy/setting. Explains the target population(s) the partners serve and the expectation for how they will assist the applicant to create and achieve equitable outreach and strategies.		
Describes outreach efforts and community engagement for each goal.		
Applicant states if they receive funding for overdose prevention and harm reduction efforts from through other grants and awarding agencies. If applicable, applicant describes how existing funding will be leveraged to avoid supplanting and duplication of work.		
<b>Total Score</b>		<b>Max = 40</b>

<b>Methodology</b>	<b>Score</b>	<b>Comments</b>
Goals formatted in SMART-IE format. ( <i>Specific, Measurable, Achievable, Relevant, Time-Bound, Inclusive, Equitable</i> ).		
Goals are specific and in alignment with proposed strategies/settings (explains why selected goals are important for the project).		
Identifies and describes measures that will be utilized to		

determine if goals are met.		
Identifies and describes objectives and planned activities for how goals will be met.		
Goals contain realistic deadlines relative to grant year IH25.		
Describes how activities will address inclusion and identified health inequities.		
Planned outreach methods and activities are clearly explained.		
Clearly identifies existing resources, partnerships, barriers, and facilitators that may impact the project.		
Identifies harm reduction goal to be evaluated and the type of evaluation to be conducted (outcome, impact, or process evaluation).		
<b>Total Score</b>		<b>Max = 45</b>
<b>Workplan</b>	<b>Score</b>	<b>Comments</b>
Goals are the same as described in the Methodology section and are in SMART-IE format.		
Key objectives, activities, and steps are clearly defined and described; are relative to proposed goals; and provide adequate insight into how goals will be met.		
Metrics are clearly defined and measurable.		
Activities reflect efforts to genuinely engage and impact marginalized communities.		
Assigned resources are identified.		
Timelines are reasonable and specific and not grant due dates.		
<b>Total Score</b>		<b>Max = 30</b>
<b>Itemized Budget</b>	<b>Response</b>	<b>Comments</b>
Itemized budget clearly demonstrates how grant funds will be utilized in relation to selected strategies and settings.	Yes No	
Total budget does not exceed the maximum allowable award.	Yes No	
Listed expenses are reasonable and appropriate for proposed project and does not describe any unallowable costs.	Yes No	
<b>&lt;&lt; FOR ODH HARM REDUCTION STAFF ONLY &gt;&gt;</b>		
<b>Budget Justification &amp; Itemized Budget</b>	<b>Response</b>	<b>Comments</b>
Budget is in alignment with deliverables and objectives described in Narrative with correct unit of cost assigned to each objective.	Yes No	
Total does not exceed the maximum allowable award for program size.	Yes No	
Budget in GMIS matches budget	Yes No	

justification provided.			
Expenses on itemized budget are reasonable and do not contain unallowable costs.	Yes	No	
<b>ODH Grant Experience &amp; Performance</b>	<b>Response</b>		<b>Comments</b>
Applicant was a subrecipient of Integrated Harm Reduction Grant (IH23, IH24); Integrated Naloxone Grant (IN20-23); or Project DAWN Capacity Building Contract (2023-2024).	Yes	No	
Deliverables submitted on time and met ODH expectations.	Y	N	N/A
Subrecipient was responsive and engaged in effective communication with ODH.	Y	N	N/A
<b>Project DAWN Performance</b>	<b>Response</b>		<b>Comments</b>
Consistently submits required reporting.	Yes	No	
Number of times applicant attended Project DAWN meetings for 2023 & 2024.			

## Appendix E

### Application Guidance

Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health, Violence and Injury Prevention Section. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the proposed strategies will be additive and not duplicative.

**All attachments must be PDF format.**

#### Required Components

##### **A. Project Narrative.** 20-page limit - named "Agency Name\_IH25\_Narrative"

1. **Executive Summary:** Identify the target population, burden of health disparities and health inequities, services and programs to be offered, and what agency or agencies will provide those services related to this grant funding.
2. **Description of Applicant Agency/Documentation of Eligibility:** Briefly discuss the applicant agency's eligibility, including the components below.
  - Clearly indicate the program size based on table below. Number of naloxone or other overdose reversal medication units and fentanyl test strips distributed do not count as service encounters.

Project DAWN Program Size	Average # Service Encounters per Year
Small	0 to 1,000 clients
Medium	1,001 – 2,000 clients
Large	2,001 or more clients

- Discuss program's history as part of the Project DAWN network and distributing naloxone and other harm reduction services. Describe all harm reduction services offered by program currently. Indicate group designation (A, B, and/or C), length of time in the program, and current internal procedures for Project DAWN data compliance and maintenance of agency information in the portal.
- Briefly describe the program's current and previous history of Ohio OPN participation including committee(s) involved in and leadership roles (if applicable).
- Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
- National CLAS Standards:  
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication: <https://www.ada.gov/effective-comm.htm>.

##### **B. Problem/Need**

- Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program

intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g. morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable to serve as baseline data upon which evaluation will be based. 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.

- Provide a clear and concise description of the need for services to be provided and a detailed description of the geographic area, settings, and populations to be served. Consider utilizing ODH's [Social Determinants of Health: Community Wellbeing Dashboard](#) for opportunities to reach new populations or ones that historically are not reached as well. Also consider the social landscape of the area your project intends to serve by referring to the area's social vulnerability index via [Ohio Department of Health's Health Improvement Zone](#) mapping tool. Include a description of other agencies/organizations, in your area, that are also addressing this problem/need. Identify appropriate partnerships (traditional/non-traditional) to reach target populations and those who can provide valuable insight, new perspective, and more effective ways to achieve program goals.

### C. Methodology:

- Indicate three (3) harm reduction goals based on strategies or settings selected from the List of Approved Harm Reduction Strategies and Goals (Appendix F). Clearly indicate if the intent is to **continue, enhance, expand, or implement** the strategy or setting. Goals and strategies must correlate to the number of service encounters based on your program size. Methodology must include activities that align with continuation, implementation, or expansion, or enhancement (e.g., creation of implementation plan, additional operating hours for expansion, new services for enhancement, etc.). Identify existing resources (including partnerships), barriers, and facilitators that may impact the project. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Goals must be in SMARTIE format and in alignment with workplan objectives.
  - Programs can choose their own strategy that is appropriate for service area and population to serve but they must provide a backup option in event it's not approved by ODH. Please clearly indicate this in the application, if applicable.
  - Applicants that propose to implement a new syringe service/bloodborne pathogen prevention program ***must have formal approval from the County Board of Health to qualify for funding toward this effort as evidenced by Board of Health meeting minutes, signed letter, or electronic communication confirming approval status for operation.***
  - Traditional and non-traditional partners can include non-public health partners or people with systemic non-health issues who may help with targeting populations.
- Identify which harm reduction goal would be evaluated, and the reasons for choosing that goal. Identify the type of evaluation (outcome, impact, or process) that will be completed.
- For outreach, clearly define target populations, planned methods for outreach, and how outreach will be effective at reaching these populations.

CI. **Workplan** (Appendix K): no page limit - named "Agency Name\_IH25\_Workplan".

CII. **Budget Justification** (Appendix I): no page limit – named "Agency Name\_IH25\_Budget Justification".

- Costs must match the deliverable objective allocation based on program size.

CIII. **Itemized Budget:** no page limit – named "Agency Name\_IH25\_Itemized Budget"

- Applicants must submit an itemized budget that demonstrates how grant funds will be utilized in relation to the proposed project. Items such as personnel, social marketing, supplies, equipment should be clearly



defined and accounted for. Total should not exceed the amount of funds requested. See Appendix J for an example template.

**G. Letters of Commitment:** no page limit – named “Agency Name\_IH25\_LOS”.

- Applicant must submit one (1) letter of commitment or support for each partner identified in the narrative and workplan. Letters of commitment should be tailored to each partner and identify the contributions they will make if the applicant is awarded.
- Please note, letters of commitment will be taken into greater consideration as this type of letter demonstrates your partners’ involvement.

**H. Public Health Impact Statement of Support (non-health department only):** no page limit - named "Agency Name\_IH25\_Public Health SOS”.

- Include a statement of support from the local health district with the grant application, if available. This is preferred but not required. If a statement is not available, note this in the program summary. Applicants with a regional or statewide focus should submit support from at least one (1) local health district.

**I. IH25 Supplies Estimate Form (Appendix G):** 1 page limit (see template) - named “Agency Name\_IH25\_Supplies Estimate”.

- Applicants must complete and attach the Supplies Estimate Document which clearly indicates the estimated number of naloxone, fentanyl test strips (if applicable), Project DAWN pouches, face masks, face shields, and gloves needed to carry out program activities. Supplies requested should align with proposed activities and program objectives listed in Program Narrative and Workplan.

## Appendix F

### List of Approved Harm Reduction Strategies and Settings

#### **Options for Strategies**

*(Must include or relate to distribution of naloxone and/or fentanyl test strips).*

- Building an application or alert system for overdose spikes and response.
  - For example, leveraging OD Maps within your region can provide timely alerts, allowing you to monitor and identify areas in your county experiencing spikes in overdose incidents.
- Develop local anti-stigma training/course.
  - This initiative could target both the public and first responders. Implementing pre- and post-surveys would help assess information retention and measure any reduction in stigma related to the topic.
- EMS or law enforcement leave-behind program.
  - Providing first responders with naloxone to leave with family, friends of the person who overdosed or if the person who overdosed does not want to go to the hospital.
- Infectious disease screening and linkages to treatment for sub-populations of PWUD.
  - Ex: Syphilis in Women of Reproductive Age (WRA) [Ages 14-44] and among Men who have Sex with Men (MSM).
- Installation of Harm Reduction Vending Machines.
  - These should be placed in high foot traffic areas to provide people with naloxone, FTS, safer sex kits, feminine hygiene products, and other materials the community might need that's an allowable cost.
- Pre-treatment assessment & linkage to medication-assisted treatment (MAT).
- Establishing a Quick Response Team.
  - Ex: Working with first responders to know where and when an overdose has occurred to provide follow-up resources and education within a couple of days of the event.
- Maintaining/expanding/enhance a Syringe Service Program.
  - Expansion and enhancement could include peer support counseling, connections to treatment services, testing and screening for infectious diseases (Hepatitis and/or STIs), and other wrap-around services.
- Transportation programs.
  - Increase access to care and service delivery in rural communities. Possible program models include working with existing public transit systems to expand services beyond the traditional "fixed route system" to include a variety of other models, such as ridesharing, volunteer models, and mobility management models. This strategy should operate beyond traditional voucher purchasing.

## **Options for Settings**

*(To distribute naloxone and/or fentanyl test strips.)*

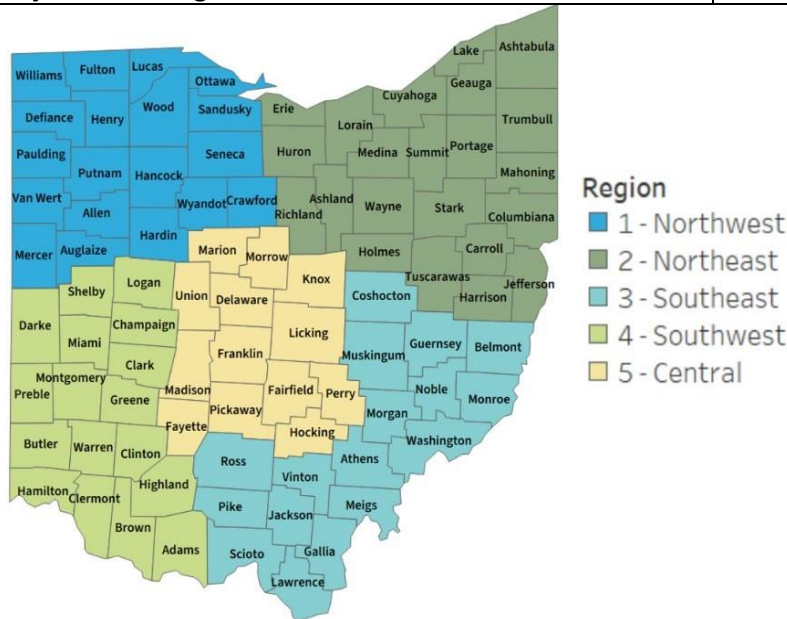
- Colleges and universities.
- Healthcare-based: hospital, emergency department, FQHC.
- Justice-based (courts, community corrections, local jail).
- At least three community access points:
  - Bars/restaurants.
  - Community centers.
  - Gas stations.
  - Homeless shelters and food pantries.
  - Faith-based establishment.
  - Barber shops and salons.
  - Lodging (hotels/motels).
- Online/mail-order.
- Treatment and recovery.
- Street outreach/pop-up events in high-risk zip codes.
  - Must be consistent and year-round.

## Appendix G

# IH25 Supplies Estimate Form

Program Information:

Agency Number:	
GMIS Number:	
County:	
Project Dawn Region:	



## Supplies:

\*Must provide value, select all that apply.

Naloxone	<input type="checkbox"/>
Project DAWN Pouches	<input type="checkbox"/>
Gloves	<input type="checkbox"/>
Face Shields	<input type="checkbox"/>
Medical Face Masks	<input type="checkbox"/>
Fentanyl Test Strips	<input type="checkbox"/>
Emergency Access Cabinets (Similar to NaloxBoxes)	<input type="checkbox"/>

Estimate quantity of naloxone units to be ordered for calendar year:	
Estimate quantity of Fentanyl Test Strips to be ordered for calendar year:	
Estimate quantity of Project DAWN pouches to be ordered for calendar year:	
Estimate quantity of Gloves to be ordered for calendar year:	
Estimate quantity of Face Shields to be ordered for calendar year:	
Estimate required quantity of COVID19 Face Masks to be ordered for calendar year:	
*Enter the estimate number of Emergency Access Cabinets to be ordered for calendar year:	

\*=If applicable, if not put N/A.

## Appendix H

### Types of Evaluation

The table below is intended to assist with choosing the type of evaluation to be conducted throughout the IH26 and IH27 grant years. The samples below are only to serve as examples; please tailor the questions and methods to suit your program.

Evaluation Type	Why	When	Sample Questions	Methods
<b>Impact</b>	To compare the outcomes of a program, policy, or organization to estimates of what the outcomes would have been without it. It usually seeks to determine whether the activities caused the observed outcomes. The planning for this evaluation needs to start before the project – make sure you have a plan for what you're going to evaluate and the impact you want to see ahead of time so you know if you've achieved your goals.	At the end	<ol style="list-style-type: none"> <li>1. Did participants experience the desired outcomes?</li> <li>2. What changes were made to improve the quality of the program?</li> </ol>	<ul style="list-style-type: none"> <li>• Survey.</li> <li>• Focus group.</li> <li>• Interview.</li> <li>• Metrics tracking.</li> </ul>
<b>Process</b>	To assess how well program implementation followed the original plan. It often includes information on content, quality, quantity, and structure of what is being assessed. This type of evaluation should be used at each stage of a program or initiative on an ongoing basis.	Ongoing	<ol style="list-style-type: none"> <li>1. How many people participated in the program?</li> <li>2. How many new partners are there?</li> </ol>	<ul style="list-style-type: none"> <li>• Survey.</li> <li>• Metrics tracking.</li> <li>• Document review.</li> </ul>
<b>Outcome</b>	To measure how well a program, policy, or organization has achieved its intended outcomes. It cannot determine what caused specific outcomes (causality), only whether they have been achieved. Outcome evaluations are summative in nature as they look at the program from an overall perspective at the end.	At the end	<ol style="list-style-type: none"> <li>1. Did the process increase knowledge and awareness?</li> <li>2. Did the program change attitudes and beliefs?</li> </ol>	<ul style="list-style-type: none"> <li>• Survey.</li> <li>• Focus group.</li> <li>• Interview.</li> <li>• Metrics tracking.</li> </ul>

Sources:

Centers for Disease Control and Prevention. *CDC approach to program evaluation*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/evaluation/php/about/index.html>.

Strategic Prevention Solutions. *What are the different types of evaluation*. SPS. <https://www.strategicpreventionsolutions.com/post/what-are-the-different-types-of-evaluation>.

BUDGET JUSTIFICATION EXAMPLE  
(Deliverable Funding Only)

NOTES:

- 1. Budget justification line items MUST be in the same order as in the GMIS budget.
- 2. Please submit a Budget Justification for each grant year (HR23, HR24).

OTHER DIRECT COSTS

Deliverable – Objectives

• Deliverable – Objective 1	\$X,XXX
• Deliverable – Objective 2	\$X,XXX
• Deliverable – Objective 3	
Objective A	\$X,XXX
Objective B (Optional)	\$X,XXX
• Deliverable – Objective 4	
Objective A	\$X,XXX
Objective B	\$X,XXX
Objective C	\$X,XXX
• Deliverable – Objective 5	\$X,XXX
• Deliverable – Objective 6 (Optional)	\$X,XXX
• Deliverable – Objective 7 (Optional)	\$X,XXX

Total Other Direct Costs	\$Total
--------------------------	---------

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

## Appendix I

GMIS Project No. \_\_\_\_\_

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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.

---

[Signature]

---

[Print Name & Title]

---

[Date]

Appendix J

Itemized Budget  
Integrated Harm Reduction Grant (IH25)

Please base the budget on the project period of 4/1/2025 - 9/29/2025.  
Add/delete lines as necessary.

Expenses	Cost
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
TOTAL PROJECT BUDGET	



## Appendix K

### Workplan Template

Ohio Department of Health Violence & Injury Prevention Section Integrated Harm Reduction Grant (IH25) Apr.1, 2025 – Sept. 29, 2025				
Agency Name:				
Grant Coordinator Name:				
Secondary Contact Name:	(If applicable)			
Third Contact Name:	(If applicable)			
<h3>IH25 Workplan</h3> <p><i>The purpose of the workplan is to state your intended steps and outcomes to reach your goals and objectives of the project. Please be detailed and descriptive when completing the workplan.</i></p> <p><u><i>This document should also serve as the foundation for your Project Status Reports throughout the grant..</i></u></p>				
<b>Harm Reduction Goal for Strategy or Setting #1</b>				
Goal 1:	(Propose a goal that will continue, enhance, expand, or implement a harm reduction strategy from the list provided to achieve with this grant. Must be in SMART-IE format).			
Setting/Strategy	(Identify specific setting/strategy.)			
Objective(s)	(Write objective(s) that will help you reach the goal.)			
Target Population(s) or Location(s):	(Describe the specific population(s) and/or location(s) [zip, county, etc.] you hope to reach through this goal.)			
<b>Steps and Activities</b> (Describe the significant steps to achieve the objective(s).)	<b>Timeline (Month/Year) Start - End</b>	<b>Available Resources</b>	<b>Performance Measures/ Intended Outcomes</b>	
<b>Harm Reduction Goal for Strategy or Setting #2 (DELETE SECTION IF NOT APPLICABLE)</b>				
Goal 2:	(Propose a goal that will continue, enhance, expand, or implement a harm reduction strategy from the list provided to achieve with this grant. Must be in SMART-IE format).			

<b>Setting/Strategy</b>	<i>(Identify specific setting/strategy.)</i>			
<b>Objective(s)</b>	<i>(Write objective(s) that will help you reach the goal.)</i>			
<b>Target Population(s) or Location(s):</b>	<i>(Describe the specific population(s) and/or location(s) [zip, county, etc.] you hope to reach through this goal.)</i>			
<b>Steps and Activities</b> <i>(Describe the significant steps to achieve the objective(s).)</i>		<b>Timeline (Month/Year) Start - End</b>		<b>Available Resources</b>
				<b>Performance Measures/ Intended Outcomes</b>
<b>Harm Reduction Goal for Strategy or Setting #3 (DELETE SECTION IF NOT APPLICABLE)</b>				
<b>Goal 3:</b>	<i>(Propose a goal that will continue, enhance, expand, or implement a harm reduction strategy from the list provided to achieve with this grant.)</i>			
<b>Setting/Strategy</b>	<i>(Identify specific setting/strategy.)</i>			
<b>Objective(s)</b>	<i>(Write objective(s) that will help you reach the goal.)</i>			
<b>Target Population(s) or Location(s):</b>	<i>(Describe the specific population(s) and/or location(s) [zip, county, etc.] you hope to reach through this goal.)</i>			
<b>Steps and Activities</b> <i>(Describe the significant steps to achieve the objective(s).)</i>		<b>Timeline (Month/Year) Start - End</b>		<b>Available Resources</b>
				<b>Performance Measures/ Intended Outcomes</b>
<b>Harm Reduction Goal for Strategy or Setting #4 (DELETE SECTION IF NOT APPLICABLE)</b>				
<b>Goal 3:</b>	<i>(Propose a goal that will continue, enhance, expand, or implement a harm reduction strategy from the list provided to achieve with this grant.)</i>			
<b>Setting/Strategy</b>	<i>(Identify specific setting/strategy.)</i>			
<b>Objective(s)</b>	<i>(Write objective(s) that will help you reach the goal.)</i>			
<b>Target Population(s) or Location(s):</b>	<i>(Describe the specific population(s) and/or location(s) [zip, county, etc.] you hope to reach through this goal.)</i>			
<b>Steps and Activities</b> <i>(Describe the significant steps to achieve the objective(s).)</i>		<b>Timeline (Month/Year) Start - End</b>		<b>Available Resources</b>
				<b>Performance Measures/ Intended Outcomes</b>


### Annual Project Staffing Plan

<b>Goal:</b>	<i>(Submit Annual Project Staffing &amp; Role Transition Plan.)</i>			
<b>Objective(s)</b>	<i>(Write objective(s) that will help you develop document.)</i>			
<b>Steps and Activities</b> (Describe the significant steps to achieve the community engagement objective(s).)	<b>Timeline (Month/Year) Start - End</b>	<b>Person(s) Responsible</b>	<b>Performance Measures/ Intended Outcomes</b>	

### Evaluation Plan

<b>Evaluation Focus</b>	<i>(Describe the focus of the targeted goal evaluation project.)</i>			
<b>Rationale</b>	<i>(What is the rationale behind the area of focus above? How will this evaluation help your program?)</i>			
<b>Steps and Activities</b> (Describe the significant steps to complete the targeted evaluation project.)	<b>Timeline (Month/Year) Start - End</b>	<b>Person(s) Responsible</b>	<b>Performance Measures/ Intended Outcomes</b>	

### Outreach

<b>Goal:</b>	<i>(Propose a goal related to outreach and awareness that your program aims to achieve with this grant.)</i>			
<b>Objective(s)</b>	<i>(Write objective(s) that will help you reach the goal in SMART-IE format.)</i>			
<b>Target Population(s) or Location(s):</b>	<i>(Describe the specific population(s) and/or location(s) [zip, county, etc.] you hope to reach through this goal.)</i>			
<b>Steps and Activities</b> (Describe the significant steps to achieve the objective(s).)	<b>Timeline (Month/Year) Start - End</b>	<b>Available Resources</b>	<b>Performance Measures/ Intended Outcomes</b>	



STATE OPIOID AND STIMULANT RESPONSE  
GRANT 3.0 “SOS”  
FUNDING ALLOWABLES  
REFERENCE RESOURCE

OHIO DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES

**Mike DeWine**, Governor  
**Lori Criss**, Director



## SOS Grant Allowable and Unallowable Expenses Guidance

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) through the Office of Community Planning and Collaboration and the Bureau of Grants Administration is providing a list of allowable and unallowable expenses for the State Opioid and Stimulant Response Grant SOS 3.0 and State Opioid Response Grant 2.0 No-Cost Extension (NCE).

References:

SOR 3.0 NOFO starting on page 12 for guidelines in itemization: <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-sor-nofo.pdf>

Please refer to the definition guide at the end of each section for grant-specific notation explanations.

Key:

Allowable	✓
Unallowable	X
See Notes at End of Section	✓ <sup>1</sup>

Please reach out to the Department at [SOR3@mha.ohio.gov](mailto:SOR3@mha.ohio.gov) or your Project Lead with any questions you may have regarding the applicability regarding the items or uses on this list.



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

## Allowable and Unallowable Grant Expense Cross Walk

Service Type	Explanation	SOS
<b>Direct Treatment, Prevention &amp; Recovery Services</b>		
Evidence-Based Harm Reduction Activities for Opioid Use Disorder (OUD) and/or Substance Use Disorder (SUD): a. Deterra bags b. Medication lock boxes c. Pill cap locks d. NaloxBoxes e. Naloxone vending machines f. Naloxone (additional reporting required, contact Project Lead for more details)	Items must remain with the Agency or organization. No unrelated items may be dispensed by Naloxone Vending Machines.	✓
Evidence-Based Practices		✓
Evidence-Based Prevention Interventions/Prevention Services	Grant funds must be used to fund prevention services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.	✓
Evidence-Based Recovery Supports	Grant funds must be used to fund Recovery Support Services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.	✓
Evidence-Based Treatment Interventions	Grant funds must be used to fund treatment services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.	✓
Expand or Enhance Existing Residential Services		✓
ASAM Levels of Care		✓



# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Medical Withdrawal (Detoxification)	When medical withdrawal (detoxification) is performed, it must be accompanied by injectable extended-release naltrexone to protect such participants from Opioid overdose in relapse and improve treatment outcomes for clients Substance Use Disorder (SUD) and Medication for Opioid Use Disorder (MOUD).	√ <sup>1</sup>
Medication-Assisted Treatment (MAT)	MAT using one of the FDA-approved medications for the maintenance treatment of Opioid Use Disorder (OUD) i.e., Methadone, Buprenorphine/Naloxone products, Buprenorphine products including Sub-lingual Tablets/Film, Buccal Film, and Extended Release, Long-acting Injectable Buprenorphine Formulations and Injectable Naltrexone.	√
Medications for HIV, HBV, TB, STD/STI, and Psychotropic Drugs		X
Provide Residential or Outpatient Treatment Services when the Facility Has Not Yet Been Acquired, Sited, Approved, and Met All Requirements for Human Habitation and Service Provision		X
Purchase, Provide, or Prescribe Marijuana or Use of Medical Marijuana for Treatment		X
Recovery Housing / Supported Housing	Please see OhioMHAS Guidance for additional guidance.	√
Residential Treatment		√

## **SOR - Additional Explanation**

<sup>1</sup> Medical withdrawal (detoxification) is not the standard of care for Opioid Use Disorder (OUD), is associated with a very high relapse rate, and significantly increases an individual's risk for Opioid overdose and death if Opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for Opioid Use Disorder (OUD). If medical withdrawal (detoxification) is performed, it must be accompanied by injectable extended-release naltrexone to protect such participants from Opioid overdose in relapse and improve treatment outcomes.

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Direct Costs	Explanation	SOS
<b>Personnel &amp; Administrative</b>		
Administrative Grant Costs		√ <sup>1</sup>
Fringe Benefits	<p>Payments of Fringe Benefits such as: Medical/Dental/Vision Benefits, Supplements, Retirement Match for employees or staff at the implementing Agency for the Grant Program. The Agency must provide rate as percentage of personnel salaries or the specific cost for each benefit.</p> <p>Total Fringes in excess of 35% of personnel costs will need justification in the comments or upload an explanation into the GFMS system in order for the Department to validate the requested rate.</p>	✓
Overtime Compensation		X
Payment of staff salary while on jury duty	Given Applicable Agency Policy.	✓
Pre-employment Drug Screening		✓
Recruitment Costs/Job Marketing	These costs may include help-wanted advertising costs, costs of travel by applicants for interviews for prospective employment, and travel costs of employees while engaged in recruiting personnel. Grant funds may not be used for a prospective trainee's travel costs to or from the recipient organization for the purpose of recruitment. However, other costs incurred in connection with recruitment under training programs, such as advertising, may be allocated to a Grant-Supported Project according to the provisions of the applicable cost principles.	X



# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Salary/Payroll	<p>Payments of salaries, wages, payroll, personnel charges made to or for employees on staff at the implementing Agency for the Grant Program. This includes payroll taxes such as FICA i.e., Social Security and Medicare.</p> <p>Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all Awards at: <a href="https://www.samhsa.gov/grants/grantsmanagement/notice-award-noa/standard-terms-conditions">https://www.samhsa.gov/grants/grantsmanagement/notice-award-noa/standard-terms-conditions</a>. Effective January 3, 2021, the salary limitation for Executive Level II is \$199,300.</p>	✓
Severance Pay	Allowable only to the extent that such payments are required by law, are included in the employer-employee agreement, or meet the circumstances of particular employment.	X
Sign-on Bonus		X
Taxes	Such costs include taxes that an organization is required to pay as they relate to employment, services, travel, rental, or purchasing for a project. Recipients must avail themselves of any tax exemptions for which activities supported by Federal funds may qualify. State sales and use taxes for materials and equipment are allowable only when the State does not Grant a refund or exemption on such taxes.	X
Trainee Costs	Allowable if permitted by statute, regulation, or program policy, as defined in the authorizing document, and included in the NOA.	✓ <sup>2</sup>
Tuition Reimbursement/Student Loan Repayment		X
<b>SOR - Additional Explanation</b> <sup>1</sup> No more than 5 percent of the total Grant Award may be used for Administrative and Infrastructure Development costs. <sup>2</sup> Allowable if trainee is paid as staff.		

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Direct Costs	Explanation	SOS
<b>Travel</b>		
Airfare		X
Costs for Staff to Attend a Conference		X
Costs for Staff to Attend a Training		✓
Lodging	Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the Agency.	X
Meal per Diem	Provide a breakdown of the meal costs. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate. Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at <a href="http://www.gsa.gov/perdiem">www.gsa.gov/perdiem</a>	X <sup>1</sup>
Mileage Reimbursement	Mileage reimbursement must include the rate per mile and anticipated number of miles. The rate shall not exceed State of Ohio travel rates as specified at: <a href="https://obm.ohio.gov/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule">https://obm.ohio.gov/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule</a> .	✓

## **SOR – Additional Explanation**

<sup>1</sup> Provide a breakdown of the meal costs. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate. Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Direct Costs	Explanation	SOS
<b>Equipment</b>		
Audiovisual Equipment, VR Headsets	Equipment items that cost \$5,000 or more requires prior approval and additional reporting.	√ <sup>1</sup>
EKG Machine for Medication-Assisted Treatment (MAT) Program	Equipment items that cost \$5,000 or more requires prior approval and additional reporting.	√
Headphones, Earbuds for Participants	For use at the Treatment facility for Evidence Based Interventions requiring use of this equipment.	√
Laptops, Tablets, Computers, Scanners	Payments for the purchase of any new or used equipment and computers. Any use of funds for equipment, computers, or computer software must be justified in terms of the relationship of the purchase to the program or activity. Equipment items that cost \$5,000 or more requires prior approval and additional reporting.	√
Office Furniture	Payments for the purchase of any new or used furniture. Any use of funds for furniture must be justified in terms of the relationship of the purchase to the program or activity. Assets - The handling of assets purchased by the Award will follow the rules set forth in OHMAS Policy FIN-02 and Ohio Revised Code Section 125.16 and DAS Directives GS-D-05 & GS-D-06.	√ <sup>2</sup>
Other (e.g., construction/renovation/large equipment, etc.)	Assets are property costing more than \$1,000 or items that have the potential of storing sensitive data any equipment containing data (i.e., computers, handheld cellular devices, electronic notebooks, transcribers, etc.) must have sensitive and proprietary information removed before it is salvaged. Assets will need to be entered into the asset system and may need to be returned at the end of the Grant.	X

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Purchase or Lease of one Vehicle per County ADAMH Board Area, Not to Exceed \$25,000	Must be used to transport program participants to and from treatment services. Requires prior approval.	✓
Recovery Housing or Supportive Housing furniture items: a. Washer and dryer unit b. Hood suppression unit (included as infrastructure) c. Couch d. Bed frame f. Bunk bed set g. Mattress h. Mattress cover (bed bug protection) i. Coffee table j. End table k. Desk l. Dresser m. TV and accessories n. Dining room table set o. Key fob system p. Key fob deadbolt e. Security system	Payments for the purchase of any new or used furniture. Any use of funds for furniture must be justified in terms of the relationship of the purchase to the program or activity.  Assets - The handling of assets purchased by the Award will follow the rules set forth in OHMAS Policy FIN-02 and Ohio Revised Code Section 125.16 and DAS Directives GS-D-05 & GS-D-06.	✓
Software Upgrades/Enhancements	One-time limited use as approved.	✓
Trailers and Modular Units		X
<b>SOR - Additional Explanation</b> <sup>1</sup> Any equipment purchases must be owned by the Grantees/Sub-Awardees organization and cannot be purchased as gifts for clients. Equipment may be loaned out to program participants but must be collected by the Grantee upon termination of services.  <sup>2</sup> Purchases must be used for office furniture for SOR personnel and SOR programs i.e., Group Room. Furniture is also permissible for Recovery Houses and Sober Living but must remain with the Agency.		

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Direct Costs	Explanation	SOS
<b>Supplies</b>		
12-Step Materials (NA Books, AA Books, Key Tags, Lamination) that Remain with the Agency or Organization	Cannot be provided for participants outside of the Agency or organization.	✓
Car Seat, Crib, Pack-N-Play, Strollers for the parent	Participants enrolled and engaged in a Treatment or Recovery Program or transitioning to Mainstream Housing.	✓
Consortium Agreements	Consortium Agreements are between entities which may or may not include the Grant participant working collaboratively on an Award supported project. They address the roles, responsibilities, implementation, and rights and responsibilities between entities collaborating on an Award.	✓
Consultants	Consultants are participants retained to provide professional advice or services for a fee. Travel for consultants and contractors should be shown in this category along with consultant/contractor fees.	✓ <sup>1</sup>
Contracts	Contracts are a legal instrument by which the Grant Recipient purchases goods and services needed to carry out the project or program under a Federal Award. Contracts include Vendors, Dealers, Distributors, or other Sellers that provide. For example: Supplies, Expendable Materials, or Data Processing Services in support of the project activities.	✓ <sup>2</sup>
Electronic Medical Records Subscription		✓
Employment-Based Program Supplies: a. Participant work boots b. Participant work gloves c. Materials for a farm-based vocational program d. Welding sticks or wire e. Auto parts		✓

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

f. Lawnmower parts g. Lumber		
Fentanyl Test Strips		X
Needle Exchange Supplies		X
Parental/Legal Guardian Support Items to be used with children of participants: a. Breast pump b. Car seat c. Crib d. Diaper Bag and Contents for Travel (contents may include diapers, ointment, wipes, changing pad, onesie, blanket, etc.) e. Stroller	Welcome kits for participants engaged or enrolled in a Treatment or Recovery Program and transitioning to Mainstream Housing. Refills are allowed.	✓
Personal Protective Equipment	Masks, gloves, sanitizing items	✓
Printing/Copying Costs	Payments for printing or copying materials for general office use or for the distribution to clients/consumers. Business cards are included in this description. Any Direct Costs not listed on the Budget Page i.e., Bus passes, and Vouchers to participants can be reported in the "Printing/Copying" line item with a detailed description in the Narrative.	✓
Promotional Items (including but not limited to clothing, bracelets, commemorative items, pens, bottles/mugs/cups, folders/folios, lanyards, conference bags, stress balls, magnets)		X
Sub-Awardees/Sub-Recipients	Sub-Recipient means a non-Federal entity that receives a Sub- Award from a pass-through entity to carry out part of a Federal Award, including a portion of the scope of work or objectives.	✓ <sup>3</sup>
Subscriptions	Purchases of subscriptions to published materials for trainings/meetings, program participants, and staff.	✓ <sup>4</sup>



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

**SOR – Additional Explanation**

- <sup>1</sup> Consultants are allowed as Staff or as a Sub-Contractor. Travel for Consultants is not allowed.*
- <sup>2</sup> Sub-Contractors must adhere to project requirements and guidelines and be used to meet the goal of the project.*
- <sup>3</sup>Funds may not be expended through the Grant or a Sub-Award by any Agency which would deny any eligible client, participant, or individual access to their program because of their use of FDA-approved medications for the treatment of Substance Use Disorders (SUD) i.e., Methadone, Buprenorphine products including Buprenorphine/Naloxone combination formulations and Buprenorphine Mono-product formulations, Naltrexone Products including Extended-Release, Oral Formulations, and Implantable Buprenorphine.*
- <sup>4</sup> Subscriptions during the project period such as group programming workbooks, are allowed. Subscriptions for trainings and meetings are not.*

Direct Costs	Explanation	SOS
Contractual		
Construction/Repair Costs, Capital Expenditures		X
Grant Program Advertisements	Including but not limited to flyers, ads, billboard advertisement for educational campaigns. <i>Note: Agency or Organizational Marketing is not allowed.</i> For each publication that results from U.S. Department of Health and Human Services Grant-supported activities, participants must include	√ <sup>1</sup>





Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

	an Acknowledgment of Grant Support using one of the following statements: “This publication was made possible by Grant Number ____ from ____.” “The project described was supported by Grant Number ____ from ____.” Participants also must include a disclaimer stating the following: “Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the [SAMHSA].”	
Honorarium		Not allowed. See personal service contracts
Personal Service Contracts		√ <sup>2</sup>
<p><b>SOR – Additional Explanation</b></p> <p><sup>1</sup>If the recipient plans to issue a press release concerning the outcome of HHS Grant-supported activities, it should notify SAMHSA in advance to allow for coordination. One copy of each publication resulting from work performed under an HHS Grant-supported project must accompany the annual or final progress report submitted to SAMHSA. The SAMHSA and OhioMHAS Logos should not be included on printed materials. This is a standard operating procedure per SAMHSA and OhioMHAS. OhioMHAS does not have to approve printed materials prior to distribution. In the past, OhioMHAS asked for materials prior to distribution because the OhioMHAS Logo was included. However, the OhioMHAS staff should receive a copy of all printed materials so that they can be shared with SAMHSA with the end of year Grant reporting and to check for Grant compliance.</p> <p><sup>2</sup> Unallowable when the primary intent is to confer distinction on, or to symbolize respect, esteem, or admiration for the recipient of the Honorarium. A payment for services rendered, such as a speaker’s fee under a conference Grant, is allowable.</p> <p><sup>3</sup> Sub-Contractors must adhere to project requirements and guidelines and be used to meet the goal of the project.</p>		



# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Direct Costs	Explanation	SOS
<b>Other</b>		
Clothing for Staff		X
Staff Conference Attendance Fees		✓
Food or Food Vouchers for Staff and Participants, Including Coffee and Coffee Supplies		X
Food or Food Vouchers for Staff Participants, Including Coffee and Coffee Supplies		X
Participant Debt, Fines, or Penalties: a. Payment assistance for a participant to obtain a title on their personal vehicle. b. Payment of processing fee to initiate payment plan for participant's license suspension. c. Related to eviction or traffic violations		X
Planning (e.g., research, needs assessment, surveys, evaluation, etc.)		✓
Registration Fees	For training and conferences as permitted by the Grant	✓
Workforce Development/Training	Training that covers evidence-based prevention, treatment, and Recovery Support Interventions that are not covered by another funding source or offered by OhioMHAS, another State Department, or Federal Agency free of charge.	✓
Indirect Costs	Explanation	SOS
Books/Journals		✓
Depreciation or Use Allowances		X

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Dues or Membership Fees	Organizational membership in business, professional, or technical organizations or societies. Payment of dues or membership fees for an individual's membership in a professional or technical organization is considered a fringe benefit or an employee development cost.	X
Fleet	As allowable per the Grant.	✓
Hazardous Waste Disposal		X
Insurance	If required by the Grant.	✓
Legal Services	Prior to incurring costs that are extraordinary or unusual, recipient should receive prior approval from GMO.	X
Maintenance/Repair	Within the limits of the Grant and must be approved by OhioMHAS	✓
Phone Bill/Utilities	Cell phone or office phone (including monthly payment for duration of project period) for project staff.	✓
Rent/Lease		✓
<b>SOR – Additional Explanation</b> <sup>1</sup> Depreciation or use charges on equipment or buildings acquired under a federally supported project are not allowable.		



General/ Misc.	Explanation	SOS
<b>Other Costs &amp; Services</b>		
Agency Audit Expenses		✓
Ankle Monitors		X
Bus Passes for Participants/Small Denomination Gas or Taxi Fare Gift Cards (\$10-\$15)	Given to participants for transportation to treatment services only.	✓
Cash Payments/Gift Cards		X
Childcare while Parent(s)/Guardian(s) is Attending Treatment Services		✓
Consumer/Provider Board Participation		N/A
Contingency Funds	Contributions set aside for events whose occurrence cannot be foretold with certainty as to time, intensity, or assurance of their happening. Contingency funds do not include pension funds, self- insurance funds, and normal accruals for severance and post-tirement health costs.	X
Evidence-based Contingency Management Programming	Maximum \$15 per contingency, no more than \$75 per participant per year according to SAMHSA Contingency Management Guidelines and approved by OhioMHAS.	✓
Fundraising Costs		✓
Incentives	See GPRA and Contingency Management.	X
Invention, Patent, or Licensing Costs		X
Hygiene (Basic) Items	May include basic personal hygiene items such as dental kits (toothbrush, toothpaste, dental floss, non-alcohol containing mouth wash), deodorant/antiperspirant, soap, and shampoo. For participants enrolled and engaged in a Treatment Program.	✓

# APPENDIX L



Promoting wellness and recovery

Mike DeWine, Governor • Lori Criss, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Legal Assistance	Details to follow. Please contact project lead for legal assistance related questions. For participants enrolled and engaged in a Treatment or Recovery Program.	✓
Non-Treatment Related Event Costs (tents, banners, sponsorships, etc.)		X
Office Decorations		X
Payment of Any Lease Beyond the Project Period		X
Payment of State Identification Card	For Grant-funded participant if required to access treatment services.	✓
Pre-Award (Pre-Agreement) Costs		X
Program Participant Rent at Recovery Housing or Supportive Housing	Cannot be paid to the participant directly. Rent for participants enrolled and engaged in a Treatment or Recovery Program.	✓
Provide Financial Assistance to Any Organization Other Than Public or Not for Profit 501(C)(3)		X
Public Relations Costs	Costs of communicating with the public and the press about specific activities or accomplishments under the Grant-supported activity or other appropriate matters of public concern.	✓
Rent Assistance for Independent Housing	Application fees, rental deposits, rental assistance, utility deposits, and utility assistance for up to 2 months for participants enrolled and engaged in a Treatment or Recovery Program transitioning to Mainstream Housing.	✓
Resume Maker Program to Assist Eligible Participants Obtain Employment		✓
Satisfy Any Requirement for the Expenditure of Non-Federal Funds as a Condition for the Receipt of Federal Funds		X
Stipends/Scholarships		X
Developmentally appropriate supplies and activities	Items such as developmentally appropriate supplies and activities to allow participants to participate in research protocols or, if age appropriate, in programs or projects serving children.	✓

## SOS 4.0 Umbrella RFA Appendix

### List of SAMHSA Required and Allowable Activities

Per SAMHSA, recipients and sub-awardees **must** use SAMHSA funds primarily to support direct services. This includes the following required activities as outlined in the SAMHSA 2024 State Opioid Response Notice of Funding Opportunity (NOFO):

- Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long- term recovery from opioid and stimulant use disorders. Models for evidence- based treatment include, but are not limited to:
  - Hub and spoke/center of excellence models in which patients with OUD and stimulant use disorder are stabilized in a specialized treatment setting focused on the care and treatment of OUD and stimulants, and associated conditions such as mental illness, physical illness, including infectious diseases, and other substance use disorders. Once stabilization has occurred, they are transferred to community-based providers, including primary care practitioners.
  - Treatment in SAMHSA-certified OTPs.
  - Addiction specialty care programs that either directly provide or support use of MOUD in addition to psychosocial services such as drug counseling, psychoeducation, toxicology testing, individual, group, and/or family therapy, vocational/educational resources, case management, and recovery support services, including community-based services that provide peer supports, address housing needs and issues of families (e.g., reunification of children who may be in foster care while a parent[s] receive treatment); this may include outpatient, intensive outpatient, or partial hospital levels of care.
  - Non-specialty settings, such as emergency departments, urgent care centers, and, in some cases, pharmacies that also support appropriate MOUD and recovery support services.
  - Inpatient/residential programs that provide intensive treatment services to those meeting medical necessity criteria and which offer MOUD provided the care continuum includes a connection to MOUD in the community once individuals are discharged from the inpatient/residential program.
  - Primary care or other clinical practice settings, including certified community behavioral health clinics, where MOUD is provided and linkages to psychosocial services and recovery support services centered on patient needs related to the provision of comprehensive treatment of OUD.
  - Programs that address the multi-faceted and complex needs of individuals with stimulant use disorder (e.g., polysubstance use, psychosis, violence, co-occurring stimulant use and mental disorders).
  - Low barrier MOUD treatment programs that provide medications for treatment and other supportive services but do so without any preconditions to access. Low barrier models of care provide person-centered care and make minimal requirements of patients, thus removing or reducing barriers to treatment and meeting the individual where they are. For more information on low barrier models of care, see: <https://store.samhsa.gov/product/advisory-low-barrier-models-care-substance-use-disorders/pep23-02-00-005>

## APPENDIX M

- Innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery.
  - Care coordination and case management services, as appropriate, to ensure the provision of the full spectrum of treatment and recovery support services.
- Support the full continuum of prevention, harm reduction, treatment, and recovery support services for transitional aged youth and young adults (ages 16–25). Possible services and approaches include:
  - Increasing access and removing barriers to MOUD among youth.
  - Funding behavioral health services for transitional aged youth and young adults with substance use disorders, including treatment and recovery supports.
  - Supporting family-based treatment and recovery support services for youth and young adults with, or at risk for, opioid misuse, stimulant misuse, opioid and/or stimulant use disorder and other substance misuse and use disorders.
  - Supporting the use of naloxone and other opioid overdose reversal medications for all ages it is approved for provided State and local laws are followed.
  - Training school staff in substance misuse prevention, including how to implement evidence-based interventions to fidelity.
  - Supporting recovery high schools and collegiate recovery programs.
- Implement recovery support services, including but not limited to:
  - Recovery coaching,
  - Vocational training,
  - Employment support,
  - Transportation,
  - Childcare,
  - Linkages to legal services<sup>1</sup>,
  - Recovery Community Organizations,
  - Temporary housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance),
  - Hygiene kits,
  - Dental kits to promote oral health for individuals with OUD enrolled in treatment with buprenorphine (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, non-alcohol-containing mouthwash, and educational information related to accessing dental care), and
  - Recovery Housing.

**Note:** Recovery Housing is one component of the substance use disorders treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses are safe, healthy, family-

---

<sup>1</sup> Recipients may not pay for legal services with grant funds.

## APPENDIX M

like substance-free living environments that support individuals in recovery from addiction. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by FDA for treatment of OUD, as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions. For more information on recovery housing, see: <https://store.samhsa.gov/product/best-practices-recovery-housing/pep23-10-00-002>.

- Implement prevention and education services including:
  - Training of peers, first responders, and other key community sectors on the recognition of opioid overdose and appropriate use of naloxone and other opioid overdose reversal medications.
  - Developing evidence-based community prevention efforts, such as strategic messaging on the consequences of opioid and stimulant misuse, particularly focused on the dangers of counterfeit fentanyl pills targeted to youth.
  - Implementing evidence-based universal prevention interventions, involving schools, parents, and community programs; and
  - Purchasing and distributing naloxone and other opioid overdose reversal medications based on the naloxone distribution and saturation plan.
- Provide harm reduction services, either through the support of integrated harm reduction services singly within treatment settings, treatment providers collaborating with community-based harm reduction organizations, or through the support of syringe service programs.<sup>i</sup> Harm reduction services funded under this award must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services.<sup>ii,iii</sup> For information on SAMHSA's Harm Reduction Framework and allowable harm reduction supplies and services, see <https://www.samhsa.gov/find-help/harm-reduction/framework> and <https://www.samhsa.gov/find-help/harm-reduction>.
- Engage with correctional institutions, sheriffs' associations, and law enforcement to provide and/or expand MOUD treatment to incarcerated individuals. For more information on implementing MOUD services in correctional settings, see: <https://www.samhsa.gov/resource/ebp/medication-assisted-treatment-mat-opioid-use-disorder-jails-prisons-planning>.
- Provide treatment transition, recovery support services, and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.
- Ensure that all qualified practitioners who serve clients with substance use disorders and are employed by an organization receiving funding through SOR meet the MATE Act Training Requirements as delineated in Section 1263 of the Consolidated Appropriations Act, 2023. For more information on the training requirements and related resources, see <https://www.samhsa.gov/medicationssubstance-use-disorders/training-requirements-mate-act-resources> and [https://www.deadiversion.usdoj.gov/faq/MATE\\_Act\\_faq.html](https://www.deadiversion.usdoj.gov/faq/MATE_Act_faq.html).

## APPENDIX M

- When there are no other sources of funding available, and as clinically indicated:
  - Provide testing for HIV, viral hepatitis, and sexually transmitted infections (STIs) (e.g., syphilis) as clinically indicated and warm hand-off referrals to appropriate treatment to those testing positive.
  - Provide testing for potential complications of OUD or stimulant use disorder. These tests include a complete blood count (CBC), international normalized ratio (INR), and a comprehensive metabolic panel (CMP).
  - Provide vaccinations for hepatitis A and B, or appropriate referrals. Where the individual has not already received the recommended vaccinations below, provide and/or refer to vaccination services. Recommended vaccinations include, but are not limited to:
    - Hepatitis A;
    - Hepatitis B;
    - Human papillomavirus (HPV) (for those up to age 26);
    - Meningococcal;
    - Pneumococcal (pneumonia);
    - Tetanus, diphtheria, and pertussis (Tdap); and
    - Zoster (shingles) (for those ages 18 and older).

**Allowable Activities.** Applicants may propose to use funds for the following activities after ensuring that they can carry out all of the required activities:

- Develop and implement culturally adapted or informed, evidence-based prevention, harm reduction, treatment, and recovery support services to address stimulant misuse and use disorders, including those involving cocaine and methamphetamine. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient/residential levels of care.
- Purchase and distribution of drug checking technologies, including fentanyl test strips, as guided by SAMHSA and OhioMHAS.
- Develop and implement evidence-based contingency management (CM) programs to treat stimulant use disorder and concurrent substance misuse, and to improve retention in care. If you plan to implement CM programs, you must certify that you will comply with all applicable conditions and training requirements.
- Implement transportation programs and models that increase access to care and service delivery in rural communities/areas. Possible program models include:
  - Working with existing public transit systems to expand services beyond the traditional “fixed route system” to include a variety of other models, such as ridesharing, volunteer models, and mobility management models.
  - Voucher models, sometimes called “taxi vouchers,” using tickets or coupons that eligible riders can offer to participating transportation providers in exchange for a ride.



## APPENDIX M

- Coordinated Services Models – agencies working together to share resources.
- Mobility on Demand – integrating and connecting pre-existing modes of transportation.

For more information on the models mentioned above, see:

<https://www.ruralhealthinfo.org/>.

- Provide training and activities to enhance and expand the diverse substance use and co-occurring substance use and mental disorder workforce (prevention, treatment, harm reduction, and recovery support services). Note: Although workforce development is an allowable use of award funds, SAMHSA and OhioMHAS expects that priority will be given to the provision of treatment and recovery support services across the full continuum of care and to prevention and harm reduction activities. Recipients will be expected to utilize the training and education resources that SAMHSA and OhioMHAS provide at no cost to the award.
- Develop and implement tobacco cessation programs, activities, and/or strategies.
- Provide activities that address behavioral health disparities and the social determinants of health.

**Funding Limitations/Restrictions:** The funding restrictions for this project must be identified in your budget for the following:

- Food can be included as a necessary expense<sup>14</sup> for individuals receiving SAMHSA-funded mental and/or substance use disorder prevention, harm reduction, treatment, and recovery support services, not to exceed \$10.00 per person per day.
- Only medications approved by the U.S. Food and Drug Administration (FDA) for treatment of opioid use disorder and/or opioid overdose can be purchased with SOR funds.
- Funds may not be expended through the award or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations; naltrexone products, including extended-release and oral formulations; or long-acting products, such as extended release injectable or buprenorphine.). Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a practitioner who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's OUD. Similarly, medications available by prescription or office-based injection must be permitted if it is appropriately authorized through prescription or administration by a licensed prescriber or provider. In all cases, MOUD must be permitted to be continued for as long as the prescriber or treatment provider, in conjunction with the patient, determines that the medication is clinically beneficial. Recipients must ensure that clients will not be compelled to no longer use MOUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

## APPENDIX M

- 
- Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. § 1320a-7b).
  - Note: A recipient or treatment or prevention provider may provide up to \$30 noncash incentive to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required follow-up interview. For programs including contingency management as a component of the treatment program, clients may not receive contingencies totaling more than \$75 per budget period. The incentive amounts may be subject to change.
  - Recipients must also comply with SAMHSA's Standards for Financial Management and Standard Funding Restrictions in Section H of the Application Guide.

<sup>i</sup> Consolidated Appropriations Act, 2023 (Public Law 117-328) Section 526, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.

<sup>ii</sup> 21 U.S.C. §863(a) states:

[I]t is unlawful for any person to sell or offer for sale drug paraphernalia; to use the mails or any other facility of interstate commerce to transport drug paraphernalia; or to import or export drug paraphernalia.” The term “drug paraphernalia” is defined as “any equipment, product, or material of any kind which is primarily intended or designed for use in manufacturing, compounding, converting, concealing, producing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance, possession of which is unlawful under this subchapter.” 21 U.S.C. §863(d).

<sup>iii</sup> The Consolidated Appropriations Act, 2023 (2022), Section 1261 [Public Law 117-328] provides: “Notwithstanding any provision of this title and the amendments made by this title, no funds made available to carry out this title or any amendment made by this title shall be used to purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances.”

Source Document: <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-sor-nofo.pdf>