



MEMORANDUM

Date: September 25, 2023

To: Subrecipient agencies

From: Kelly Friar Interim Chief, Bureau of HIV, STIs, and Viral Hepatitis
Ohio Department of Health *Kelly Friar 9/20/23*

Subject: Ryan White: Ending the HIV Epidemic (EH24) (March 1,2024-February 28,2025)

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

All electronic applications and attachments are due by 4 p.m., on Monday, November 20, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules, policy and procedure updates posted on the GMIS bulletin board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at <https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Karla Ruiz at 614-813-4191 or e-mail at karla.ruiz@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

 X **Base Only Funding** _____ **Base and Deliverable Funding**

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates Program Budget, Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: March 1, 2024 to February 28, 2025 of the total project period, March 1, 2021- February 28, 2025. Reference the competitive solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- 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 agency policy in regard to subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: *Up to 2 (two) applicants may be awarded for a total amount up to \$1,800,000 with Ending the HIV Epidemic dollars (EH). Funding will be allocated across the following EHE and Ryan White service categories: EHE Initiative Services, Early Intervention Services (Viral Load Suppression Coordinators and Retention Coordinators), Outreach Services (Peer Navigators), Health Education/Risk Reduction, Mental Health Services, Emergency Financial Assistance, Oral Health Care, Outpatient/Ambulatory Health Services (telehealth), Substance Abuse Outpatient Care, Medical Transportation, and Psychosocial Support Services. Only the currently funded agencies are qualified to apply for the Ryan White: Ending the Epidemic (EH) continuation solicitation.*

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

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4 p.m. on Monday, November 20, 2023.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

A. Program Progress Report: The progress report guidance may be found in Appendices E and F.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 2 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMART-IE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. An illustration of the workplan template can be found in Appendix C.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost

Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available via the GMIS Bulletin Board.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

2. 2024 Budget via GMIS: Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period Date to Date. Funds may be used to support personnel, staff 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 program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds.

Any personnel listed in the budget must complete daily timesheets. Time and 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 services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

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

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

federal funds.

15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

4. Indirect (Facilities and Administration):

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

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

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the Ending the HIV Epidemic (EH) Workplan

Submit via GMIS by 4:00 p.m. on or before Monday, November 20, 2023. All attachments must clearly identify the authorized program name and program number.

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

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

The link below will provide ODH subrecipients information on the federal government transition from DUNS Number to the new Unique Entity Identifier. Please make sure your agency has a current registration in SAM.gov and is using the UEI when completing the FFATA form in GMIS. ODH/GSU does not have any further information. Please reach out to the federal entity mentioned in the attached link. <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update>.

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

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

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

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

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

☒ **X** Applicable ☐ Not Applicable to ODH Ryan White Part B

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

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

Reports shall be submitted as follows:

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

☒ **X** Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
March 1, 2024-August 31, 2024	September 15, 2024
September 1, 2024- February 28, 2025	March 15,2025

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025

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

Period	Report Due Date
March 1– May 31, 2024	June 10, 2024
June 1 – August 31, 2024	September 10, 2024
September 1 –November 30, 2024	December 10, 2024
December 1 – February 28 2025	March 10, 2025

Note: Obligations not reported on the final monthly or fourth 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 p.m. on or before April 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. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. Evidence of Health Equity Strategies Checklist
- C. Ending the HIV Epidemic (EH) Workplan
- D. Ending the HIV Epidemic (EH) Expenditures Template
- E. 2024 Interim Progress Report Guidance
- F. 2025 Annual Progress Report Guidance
- G. Required Data Reporting Ending the HIV Epidemic (EH)

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

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

ODH Program Title:
Ryan White: Ending the HIV Epidemic (EH24)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by 10/16/2023

Please email completed form to Maria Kapenda at maria.kapenda@odh.ohio.gov.

Appendix B

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome an emergency like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information, and more, can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our->

[programs/health-equity/health-improvement-zones](#).

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

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

Appendix C

Ending the HIV Epidemic Workplan

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

Ending the HIV Epidemic (EH) Expenditures Template

FY 2024 Allocation for the Activity	Initial Allocation	Obligated Funds	Expended Funds
Agency Expenses			
Personnel			
Other Direct Costs (e.g. client expenses, client enablers, facility costs.)			
Equipment			
Contracts			
Advertising			
Services Categories			
Early Intervention Services			
Outreach Services			
Medical Transportation			
Psychosocial Support Services			
Outpatient Ambulatory Health Services (Telehealth)			
Total			

Monthly Expenditures in GMIS must be accompanied by a Subrecipient Monthly Expenditure Report Excel spreadsheet that will be distributed at a later date to successful applicants. The expenditure report includes the following service categories:

Expenditure Category
Medical Case Management
Non-Medical Case Management Services (Non-Medical + Housing Case Managers)
Outreach Services (Peer Navigator)
Referral for HealthCare and Support Services (Benefit Navigator)
Emergency Financial Assistance

Appendix E

Ryan White: Ending the HIV Epidemic (EH) Interim Progress Report Guidance Reporting period 3/1/2024-8/31/2024.

I. Introduction:

The primary purpose of the Progress Report is to provide a narrative summary and detailed update on the progress made toward meeting the goals and objectives of the project workplan during the performance period. The Progress Report also provides an opportunity to highlight accomplishments and identify challenges and/or technical assistance needs that may impact meeting established goals and objectives identified in the subrecipient's workplan.

II. General Instructions:

The Progress Report should include only updates from the five-month reporting period (3/1/2024-8/31/2024). Subrecipients must complete the narrative portion of the Progress Report as well as provide an update to the Workplan. Each activity must include an update in the column titled, "IPR Update."

Please thoroughly respond to all questions in the narrative and the workplan or indicate "N/A." An "N/A" response should be reserved for instances where there is truly no applicable information to provide. Every activity should have a corresponding note/update, even if the activity has not yet started (according to the date noted in workplan the timeline). Subrecipients must save the workplan as an Excel spreadsheet and upload with the Progress Report narrative to the EH Program Report section in GMIS by Friday, September 15, 2024.

III. Organizational Information (please provide):

Agency Name:

Person(s) Completing Report:

Grant Project Number:

Reporting Period: March 1, 2024-August 31, 2024

IV. Staffing/Personnel

1. Provide an update on the status of vacant positions. If positions remain vacant, please provide a timeframe for recruiting and hiring as well as an explanation for why the positions remains vacant (e.g., lack of candidates, difficult position to fill, etc.).
2. Provide information regarding personnel hired during the reporting period (e.g., hire date, primary roles, and responsibilities, etc.).
3. Describe any potential impact on achieving the workplan activities related to staffing challenges such as vacancies, on-boarding, technical assistance needs, and specifically indicate whether or not the timelines for achieving activities will need to be revised/extended.

V. General Information:

a. Successes:

- i. Describe any program successes or accomplishments during the performance period.
- ii. Describe any coordination/collaborations with existing community stakeholders and how they will advance the progress of the activities.
- iii. Describe any new partnerships or community engagements that have been developed during the performance period.

b. Challenges:

- i. What barriers or challenges have you encountered that may impede progress on the workplan activities?
- ii. How have you resolved any potential setbacks due to these challenges?

c. Technical Assistance:

- i. Please list any technical assistance needs/requests that have been identified.

VI. Budget:

- a. Identify **obligated and expended funds** to date. The FY2024 budget table should include the following columns and rows:

- i. Columns:

1. FY 2024 allocation for the activity
2. Obligated funds¹
3. Expended funds (by service categories where applicable)

- ii. Rows:

The budget table should include a row for each line item included in the most recent budget submission. Highlight any budgetary changes.

- b. Please provide a narrative explanation of significant underspending (lapsing 20% of funds or more) for the primary line items (e.g., personnel, contracts, client services) and provide a plan of how funding will increase during the upcoming reporting period. Provide a breakdown on how funding was divided among the funded EHE and RW categories.

Ryan White: Ending the HIV Epidemic (EH) Annual Progress Report Guidance Reporting period 9/1/2024 - 2/28/2025

VII. Introduction:

The primary purpose of the Progress Report is to provide narrative summary and detailed update on the progress made toward meeting the goals and objectives of the project workplan during the performance period. The Progress Report also provides an opportunity to highlight accomplishments and identify challenges and/or technical assistance needs that may impact meeting established goals and objectives identified in the subrecipient's workplan.

VIII. General Instructions:

The Progress Report should include only updates from the six-month reporting period (9/1/2024-2/28/2025). Subrecipients must complete the narrative portion of the Progress Report as well as provide an update to the Workplan. Each activity must include an update in the column titled, "APR Update."

Please thoroughly respond to all questions in the narrative and the workplan or indicate "N/A." An "N/A" response should be reserved for instances where there is truly no applicable information to provide. Every activity should have a corresponding note/update, even if the activity has not yet started (according to the date noted in workplan the timeline). Subrecipients must save the workplan as an Excel spreadsheet and upload with the Progress Report narrative to the EH Program Report section in GMIS by Friday, March 15, 2025.

IX. Organizational Information (please provide):

Agency Name:

Person(s) Completing Report:

Grant Project Number:

Reporting Period: September 1, 2024- February 28, 2025

X. Staffing/Personnel

4. Please provide an update on the status of vacant positions. If positions remain vacant, please provide a timeframe for recruiting and hiring as well as an explanation for why the positions remains vacant (e.g., lack of candidates, difficult position to fill, etc.).
5. Please provide information regarding personnel hired during the reporting period (e.g., hire date, primary roles, and responsibilities, etc.).

General Information:

a. Successes:

- i. What new and/or ongoing successes, lessons learned, and/or best practices have you encountered in implementing the EHE workplan during the last 6 months?
- ii. What approaches have you successfully employed to improve or address barriers to linkage to care, re-engagement in care, and retention in care?

b. Challenges:

- i. What new or ongoing barriers/challenges have you encountered in implementing the EHE workplan activities during the past 6 months?

- ii. How have you resolved these barriers/challenges?
- iii. What challenges, if any, do you anticipate at the start of the upcoming grant year?

c. Monitoring and Protocols

- i. Describe how you collect, and document project activities implemented by your EHE Program. If you are working with contractors and other community-based organizations, how has this progressed the goal of Ending the HIV Epidemic in Ohio? What internal program monitoring have you implemented or plan to implement?
- ii. Describe what EHE protocols and policies you have in place within your agency.

d. Technical Assistance:

- i. Please list any technical assistance needs/requests that have been identified.

XI. Budget:

- a. Identify **obligated and expended funds** to date. The FY2024 budget table should include the following columns and rows:
 - i. Columns:
 - 1. FY 2024 allocation for the activity
 - 2. Obligated funds²
 - 3. Expended funds (by service categories where applicable)
 - ii. Rows:

The budget table should include a row for each line item included in the most recent budget submission. Highlight any budgetary changes.
- b. Please provide narrative explanation of significant underspending (lapsing 20% of funds or more) for the primary line items (e.g., personnel, contracts, client services) and provide a plan of how funding will increase if the Ryan White Ending the HIV Epidemic Project continues. Provide a breakdown on how funding was divided among the funded EHE Initiative and RW categories.

Appendix G

Required Data Reporting Ending the HIV Epidemic (EHE)

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

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

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

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

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

- Client Housing Status
- Client Housing Status Collection Date
- Client Risk Factor
- Client HIV Diagnosis Year (new clients)
- Whether client is new to program

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

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

Once the Ryan White Application Database (RWAD) is updated, clients will need to have an EHE enrollment in RWAD first, then monthly services table data can be uploaded for the following service categories.

Service Category	Funding Source/Client Eligibility	Additional ODH- Required Data Elements	Data Collection System
EHE Initiative Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare, but will transition to entering/uploading them into Ryan White Application Database (RWAD) once data system is updated
Early Intervention Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare, but will transition to entering/uploading them into Ryan White Application Database (RWAD) once data system is updated
Psychosocial Support Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare, but will transition to entering/uploading them into Ryan White Application Database (RWAD) once data system is updated
Medical Transportation	EHE federal grant/EHE client eligibility	Type of transportation	EHE subrecipients will enter services data into CAREWare, but will transition to entering/uploading them into Ryan White Application Database (RWAD) once data system is updated
Health Education/Risk Reduction	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare, but will transition to entering/uploading them into Ryan White Application

Service Category	Funding Source/Client Eligibility	Additional ODH- Required Data Elements	Data Collection System
			Database (RWAD) once data system is updated
Outreach	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare, but will transition to entering/uploading them into Ryan White Application Database (RWAD) once data system is updated
Emergency Financial Assistance	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare or RWAD depending on how final program implementation is structured.
Mental Health Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare or RWAD depending on how final program implementation is structured.
Oral Health Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare or RWAD depending on how final program implementation is structured.
Substance Abuse Outpatient Care	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare or RWAD depending on how final program implementation is structured.
Outpatient/Ambulatory Health Services	EHE federal grant/EHE client eligibility	No additional elements needed	EHE subrecipients will enter services data into CAREWare or RWAD depending on how final program implementation is structured.