



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Lance Himes/Director of Health

Date: August 1, 2018

To: Subrecipient agencies

From: Shancie Jenkins, Chief  
Office of Health Improvement and Wellness  
Ohio Department of Health

Subject: Subrecipient: HIV/STD Prevention Grant

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

All electronic applications and attachments are due by 4:00 p.m., Monday, September 17, 2018. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **competitive application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation.

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 Zach Reau at 614-644-1852 or e-mail at [zach.reau@odh.ohio.gov](mailto:zach.reau@odh.ohio.gov)



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

## OHIO DEPARTMENT OF HEALTH

### OFFICE OF

*Office of Health Improvement and Wellness*

*HIV/STD Prevention Grant*

**SOLICITATION**

**FOR**

**FISCAL YEAR 2019**

**(01/01/19 – 12/31/19)**

**Local Public Applicant Agencies**

**Non-Profit Applicants**

#### COMPETITIVE GRANT APPLICATION INFORMATION

☒ **Base Only Funding**   ☐ **Base and Deliverable Funding**   ☐ **100% Deliverable Funding**

Revised 09/11/2017

For grant starts 4/1/2018 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Tuesday, August 14, 2018 | so access to the application via the Internet website “ODH Application Gateway” can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above-mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT\\_Payment\\_Authorization\\_OBM4310.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf)
- Supplier Information Form  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier\\_Information\\_Form\\_OBM5657.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf)

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <http://www.odh.ohio.gov>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:  
<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

## Budget Justification Certification language

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

### B. Application Name: HIV/STD Prevention Grant

- C. **Purpose:** In accordance with the Centers for Disease Control and Prevention (CDC), the National HIV/AIDS Strategy (NHAS) and the HIV Integrated HIV Care & Prevention Plan for Ohio, the purpose of this funding opportunity is to support eleven HIV and STD prevention regions, which will address the Ohio HIV epidemic through: increasing the number of people who are aware of their HIV status, increasing community STD screening and treatment per CDC guidance, increasing awareness of prevention messaging and techniques, increasing access and linkage to care, promoting health equity, increasing community and provider knowledge of HIV and STD-related treatment, prevention, epidemiology, and effective policies, and reducing new HIV and STD infections.

- D. **Qualified Applicants:** *For the regional HIV and STD Prevention Projects, all applicants must be a local public health agency. For the Statewide Initiative, the applicant may be either a local public health agency or a non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).*

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, September 17, 2018.**

- E. **Service Area:** For the regional HIV/STD Prevention programs, applicants will serve one of eleven HIV/STD Regions. For the Statewide Initiative, applicants will serve the entire state of Ohio.

- Region 1: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams, Wood;
- Region 2: Richland, Ashland, Knox, Erie, Huron, Seneca, Crawford, Wyandot, Marion;
- Region 3: Cuyahoga, Lorain, Medina, Ashtabula, Geauga, Lake;
- Region 4: Mahoning, Columbiana, Portage, Summit, Trumbull;
- Region 5: Wayne, Holmes, Coshocton, Carroll, Harrison, Jefferson, Stark, Tuscarawas;
- Region 6: Muskingum, Athens, Guernsey, Belmont, Perry, Morgan, Noble, Monroe, Washington, Meigs;
- Region 7: Scioto, Fayette, Adams, Lawrence, Pike, Jackson, Gallia, Ross, Hocking, Vinton;
- Region 8: Clermont, Highland, Brown, Butler, Clinton, Hamilton, Warren;
- Region 9: Greene, Clark, Darke, Miami, Montgomery, Preble;
- Region 10: Allen, Auglaize, Champaign, Hancock, Hardin, Logan, Mercer, Paulding, Putnam, Shelby, Van Wert;
- Region 11: Morrow, Fairfield, Madison, Pickaway, Union, Licking, Delaware, Franklin;
- Statewide Initiative

- F. Number of Grants and Funds Available:** The HIV and STD Prevention programs are supported by federal funding from the Centers for Disease Control and Prevention (CDC). The HIV Prevention program also receives state dollars from general revenue funding. Up to eleven (11) grants will be awarded for an amount up to \$6,200,000 for HIV Prevention activities, including one grant for the Statewide Initiatives. Up to eleven (11) grants will be awarded an amount up to 1,000,000 for STD Prevention activities. A funding formula will be used to calculate the award amounts for each region. The formula will consider several factors including: the census, average new diagnoses of HIV per year over a five-year period, and prevalence of HIV and STD for each region.

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery-by **4:00 p.m. by Monday, September 17, 2018**. Applications and required attachments received after this deadline will not be considered for review.

Programmatic, Technical Assistance and Authorization for Internet Submission inquiries can be submitted to Zach Reau, HIV Prevention Manager via e-mail at zach.reau@odh.ohio.gov

A bidder's conference call will be held on Monday, August 13, 2018 between 2:00-4:00pm. Please use conference line: 1-855-405-1648; participant code 45319#.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 59 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.940 (HIV) and 93.977 (STD)*.
- I. Goals:** ODH is releasing funds for the HIV & STD Regional Prevention Programs and Statewide Initiatives to reduce HIV & STD transmission by:

1. Preventing new HIV infections by linking people at-risk for HIV to biomedical interventions like PrEP and PEP.
2. Increasing the amount of people living with HIV who know their status by orienting testing toward priority populations.
3. Linking, re-linking, and retaining HIV-infected Ohioans in care.
4. Ensuring Ohio's population living with diagnosed HIV infection achieve and maintain viral suppression.
5. Preventing and controlling three major STDs: syphilis, chlamydia, and gonorrhea.
6. Identifying persons with STDs and linking to care and treatment.
7. Promoting CDC-recommended screenings, diagnosis, and treatment with providers.
8. Addressing population health disparities, including health literacy, stigma, and discrimination, particularly with respect to Black and Hispanic/Latino individuals; men who have sex with men (MSM), inclusive of young MSM; persons who inject drugs (PWID) inclusive of young PWID; non-US born individuals, inclusive of heterosexual women; and transgender women and men.
9. Incorporating culturally appropriate prevention messages oriented toward communities disproportionately diagnosed with or at increased risk-for HIV infection.
10. Supporting the implementation and continued development of the State Integrated Prevention/Care Plan.

**J. Program Period and Budget Period:** The program period will begin January 1, 2019 and end on December 31, 2022. The budget period for this application is January 1, 2019 through December 31, 2019.

**K. Public Health Accreditation Board (PHAB) Standard(s):**

This grant program will address the following PHAB standards:

**Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and on the Health Status of the Populations.

**Standard 2.1:** Conduct Timely Investigation of Health Problems and Environmental Public Health Hazards.

**Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.

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

**Standard 8.2:** Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development.)

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 - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, disability status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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

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

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents experience health inequities do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Specify how proposed program interventions and/or grant deliverables will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies



using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

*Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:*

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents, people with disabilities, and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of 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, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

**GMIS Health Equity Module:**

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in ***Healthy People 2020*** or the ***National Stakeholder Strategy for Achieving Health Equity***. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:  
<http://www.healthy.ohio.gov/healthequity/equity.aspx>.

**M. 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 )

**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:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Zach Reau, HIV Prevention Manager, at 614-644-1852 or at [zach.reau@odh.ohio.gov](mailto:zach.reau@odh.ohio.gov) for questions regarding this Solicitation)

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

**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 system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, September 17, 2018 at 4:00 p.m.**

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

**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 grant funds.

- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant. In the event there is no successful applicant for a region, ODH may negotiate with successful applicants to provide services to additional area(s) and negotiate funding allocation adjustments.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
  2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
  3. Is well executed and is capable of attaining program objectives;
  4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
  5. Estimates reasonable cost to the ODH, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  7. Provides an evaluation plan, including a design for determining program success;
  8. Is responsive to the special concerns and program priorities specified in the Solicitation;
  9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
  10. Has demonstrated compliance to OGAPP;
  11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
  12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. *Application Review Form (Appendix C) provides further details of scoring.*

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

- 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.
- 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 HIV Prevention Projects work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Office of Health Improvement and Wellness], [HIV/STD Prevention] and as a sub-award of a grant issued by [Centers for Disease Control and Prevention] under the [PS18-1802] grant, grant award number [1NU62PS924541-01-00], and CFDA number [93.940].”

All STD Prevention Project work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Office of Health Improvement and Wellness], [HIV/STD Prevention] and as a sub-award of a grant issued by [Centers for Disease Control and Prevention] under the [CDC-RFA-PS19-1901] grant, and CFDA number [93.977].”

**W. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

**1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:

**HIV Prevention Projects:**

Due Date	Report	Submitted Via
April 1, 2019	Finalized Appendix H	GMIS
July 31, 2019	Interim Progress Report	GMIS
July 31, 2019	Molecular Cluster Response Plan	GMIS
July 31, 2019	Testing in Priority Populations Plan	GMIS
July 31, 2019	Comprehensive Social Marketing Plan	GMIS
January 31, 2020	Annual Progress Report	GMIS
<b>Reporting provided directly to program</b>		
Monthly ( $\leq 15^{\text{th}}$ )	*Positivity Reports	Email

## **STD Prevention Projects**

<b>Due Date</b>	<b>Report</b>	<b>Submitted Via</b>
July 31, 2019	Molecular Cluster Response Plan	GMIS
July 31, 2019	Interim Progress Report	GMIS
January 31, 2020	Annual Progress Report	GMIS

## **Statewide Initiative**

<b>Due Date</b>	<b>Report</b>	<b>Submitted Via</b>
July 31, 2019	Interim Progress Report	GMIS
July 31, 2019	Comprehensive Social Marketing Plan	GMIS
July 31, 2019	Online Community Engagement Plan	GMIS
January 31, 2020	Annual Progress Report	GMIS

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **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.

### **\*Positivity Reports**

Positivity reports must be submitted to the ODH HIV Prevention Monitoring and Evaluation Program by the 15<sup>th</sup> of each month for the testing performed in the previous month. Positivity reports must be submitted on the most recent version of the ODH-approved spreadsheet and should include the total number of tests and the number of positive tests performed each month at each site in the region.

The ODH HIV Prevention Monitoring and Evaluation team will evaluate positivity reports and provide each region with a report at least quarterly that details any discrepancies between the positivity reports submitted by the grantee and positivity reports generated by ODH from Evaluation Web. These quarterly reports will also include information regarding partner services and linkage and re-engagement in care. Each region must review the information from the quarterly report and respond to ODH with requests for information and revisions to the positivity report within two weeks unless an extended time frame is agreed upon by the grantee and ODH.

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

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

completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – 31, 2019</i>	<i>February 10, 2019</i>
<i>February 1 – 28, 2019</i>	<i>March 10, 2019</i>
<i>March 1 – 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – 30, 2019</i>	<i>May 10, 2019</i>
<i>May 1 – 31, 2019</i>	<i>June 10, 2019</i>
<i>June 1 – 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – 31, 2019</i>	<i>November 10, 2019</i>
<i>November 1 – 30, 2019</i>	<i>December 10, 2019</i>
<i>December 1 – 31, 2019</i>	<i>January 10, 2020</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – March 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – June 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – September 30, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – December 31, 2019</i>	<i>January 10, 2020</i>

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

3. **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 February 5, 2020. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

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

**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 in 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;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. Syringes for Syringe Service Programs (PS18-1802).

**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.**

## Z. Client Incentives and Client Enablers:

Client incentives are *an allowable cost*. The following client incentives are allowed. Indirect incentives may be used to encourage community engagement and testing. No direct incentives may be provided, including, but not limited to, exchanging money, goods, or services for HIV testing.

Client Enablers are *an allowable cost*. The following client enablers are allowed:

**Transportation. The line item for client transportation is defined as:**

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

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

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

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

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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



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

## AB. Submission of Application

### Formatting Requirements:

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

The GMIS application submission must consist of the following:

**Complete  
& Submit  
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program

- 2019 HIV/STD Prevention Projects Workplan
- 2019 Statewide Initiatives Workplan
- Position Descriptions for Funded Personnel
- Program Attachment 3: Surveillance Case Report Contact Form
- Letters of Collaboration (4)

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

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

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

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

## II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget

justification example can be found on the GMIS bulletin board).

2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2019 to December 31, 2019.

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

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

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

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

#### **Recommended Funding Levels:**

HP/ST supports quality disease intervention efforts and is committed to recruitment and retention of experienced public health workers and personnel funded by the grant. Therefore, it is recommended that the minimum salary range be no less than the following: Test Counselor -\$31,200 + fringe, Disease Intervention Specialist-\$45,000 + fringe, Prevention and/or DIS Supervisor -\$52,000 + fringe

If the agency is unable to meet the recommended funding levels, please provide justification for proposing a reduced salary for each specified position(s) in the budget narrative.

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

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

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimim rate of 10% of modified total direct

costs (MTDC) which may be used indefinitely. Base the budget solely upon direct costs. For further information please see section B2.10 of OGAPP.

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

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

**D. Project Narrative:**

- 1. Executive Summary (one page):** Identify the priority populations, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel (5-15 pages):** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Describe all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for all staff members who will be funded under these grant dollars.

- 3. Problem/Need (5-15 pages):** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable, in order to, serve as baseline data upon which the evaluation will be based. Clearly identify the target populations.

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. Outline efforts of your agency to recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are reflective of the population in the service area, especially those disproportionately impacted by HIV.

Using existing epidemiologic and other related data sources, applicants must articulate the highest risk populations in their service region(s) and articulate strategies and services that will meet the needs of these populations. Given that Black populations are disproportionately impacted by HIV and STIs in Ohio, agencies providing these services must include Black individuals within their priority populations in a manner that considers local epidemiologic context relative to racial/ethnic disparities. For example, a bidder proposing to serve transgender women will describe the needs of Black transgender women in the service region, the health disparities they experience, and how proposed services will improve their health outcomes.

Agencies may propose to serve populations within the primary, prioritized populations including, but not limited to, individuals who are incarcerated or who have histories of incarceration, individuals engaged in sex work, individuals with disabilities, individuals with injection drug use, women who are pregnant, etc. Agencies may add or change populations served throughout the grant period, with approval from ODH, and must use data to document the need among populations they propose to serve in their catchment areas.

Include a description of other agencies/organizations, in your area, also working in HIV/STD prevention and care. Describe how services will be coordinated with other relevant service providers who provide key points of access to screening, health and support services, and how duplication of services will be avoided. In addition, describe how the program has addressed gaps in services. Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV service organizations to minimize the gap between an HIV+ test and the initiation of HIV Care.

- 4. Methodology:** There are several categories that are funded through this solicitation: a.) CTR in Priority Populations; b.) DIS/LTC; c.) Social Marketing and Community Engagement; d.) Prevention with Positives; e.) Molecular Cluster Response Plan; and f.) Statewide Initiatives. All categories require the submission of a workplan in addition to the narrative description of the SMART process.

In a brief narrative form, identify the program goals, the Specific, Measurable, Attainable, Realistic & Time-Phased (**SMART**) process, impact, or outcome objectives and activities. Objectives and SMART goals should reflect and complement the SMART goals of the Integrated Prevention/Care Plan. Indicate how they will be evaluated to determine the level of success of the program and identify the data sources utilized to evaluate each objective. For 2019 DIS/LTC will be measured as a baseline. If health disparities and/or health inequities have been identified, describe how program activities are designed to

address these issues.

**Targeted Evaluation Projects:** ODH expects all recipients to evaluate their work under this solicitation through targeted evaluation projects. The purpose of the targeted evaluation projects is to help applicants obtain new insights about their program activities and support program improvement. Applicants will determine the topic, methods, scale, scope, and duration of their targeted evaluation projects, based on their capacity and program needs, in consultation with ODH. The evaluation work could be formative, process, or outcome oriented; quality improvement projects also could meet this requirement. ODH expects all applicants to conduct evaluation throughout the duration of the award, with at least one targeted evaluation project active always, and at least two targeted evaluation projects implemented over the period of the project.

**Applicants are required to provide a brief description of their first proposed targeted evaluation project (TEP) including:**

- Topic, strategy, or intervention that the applicant intends to evaluate;
- Rationale for selecting that topic, strategy, or intervention;
- Key evaluation questions for the first targeted evaluation project;
- Approximate duration and timeline for the first targeted evaluation project.

**Note:** The TEP components are to be included in the methodology narrative section of the application. |

- a. CTR in Priority Populations is defined as:** The provision of Counseling, Testing, and Referral (CTR) efforts toward those at-risk for HIV to increase the number of persons aware of their HIV status.

**CTR in Priority Populations must incorporate the following key objectives:**

1. Conduct initial, basic acuity assessment following ODH protocols that includes, at a minimum, risk screening for HIV, HCV, and STI acquisition and/or transmission, PrEP/PEP readiness, insurance status, basic substance use prevention and treatment needs, assess other health issues such as chronic disease or risk; basic mental health needs and identify specific social determinants of health which diminish treatment success and put individuals at risk for HIV infection.
2. Provide education related to sexual health risk and risk reduction options, risk reduction tools (including PrEP/PEP) and how to access them if not provided directly, and access to counseling regarding risk reduction strategies;
3. Based on risk screening, conduct HIV rapid point-of-care or laboratory-based testing following ODH protocols;
4. By interim report, develop a comprehensive testing strategy to reach regional priority populations;
5. Establish and maintain testing sites in communities with high HIV prevalence or where priority populations may be engaged;
6. Continuously collect and report data according to ODH Prevention Monitoring and Evaluation standards.

- b. DIS/LTC is defined as:** The provision of disease intervention activities including

disease investigation, anonymous partner notification, and linkage to care and essential supportive services to reduce the frequency of new infections, re-infections, and increase access to treatment.

**DIS/LTC is must incorporate the following key objectives:**

1. Provide confidential services, following ODH protocols, to help individuals newly diagnosed with HIV, living with HIV, and/or diagnosed with syphilis and other reportable STIs, identify their sexual and drug injection partners;
2. Notify and interview named partners of past or ongoing exposure to HIV, syphilis, and other STIs and facilitate partners' access to testing;
3. Conduct and prioritize investigation and interventions for pregnant women with syphilis (in accordance with CDC recommendations);
4. Conduct syphilis disease investigation and intervention for men with primary and secondary syphilis;
5. Support expedited linkage to medical care and/or treatment for individuals with a positive HIV test result or positive STD screening, (e.g. first HIV medical appointment or same-day STI examination and treatment, etc.);
6. Confirm clients are successfully linked to a medical provider for medical evaluation and treatment within 30 days of HIV diagnosis;
7. Promote Expedited Partner Therapy (EPT) to partners of chlamydia and/or gonorrhea cases;
8. Respond to STD-related outbreaks and/or HIV-related clusters/outbreaks in assigned regions.
9. Develop a care and prevention plan (for individuals living with HIV) using strength-based goal setting (ARTAS model);
10. Provide short-term health navigation for those with positive STI/HIV results:
  - Medical care coordination: health literacy services regarding HIV, HCV, STI, and TB transmission, symptoms, progression, and basic treatment; coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request;
  - Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance;
  - Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects, drug interactions, and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps);
  - Social determinants of health which put individuals at risk for HIV infection which include social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer opportunities, job training, or employment programs; providing basic household budgeting assistance;
  - Substance use risk assessment and risk reduction services (perform or refer): education related to substance use risk and harms, information

about risk reduction options; coordination of access to bio-medical prevention and harm reduction tools and services including, but not limited to, overdose education and naloxone distribution services, syringe services; confirmed linkage to treatment/counseling, (e.g., first appointment for Medication Assisted Therapy, completion of detoxification, etc.);

- Sexual health risk assessment and risk reduction services: education related to sexual health risk and risk reduction options; education regarding risk reduction tools and how to access them if not provided directly; access to counseling regarding risk reduction strategies;
- Linkage to evidence-based biomedical prevention tools that emerge and that are endorsed by ODH during this grant period, e.g. novel vaccines, long-acting PrEP.

- c. Social Marketing & Community Engagement is defined as:** Social marketing is the use of commercial marketing technologies which promote voluntary behavioral change conducive to good health. This may include the provision of health promotion messaging or strategies based on the 5P's of marketing (people, price, place, product, promotion) to priority, general, and professional populations. Community Engagement is the support and planning of, and participation in, community activities that recruit, engage, and build capacity in priority and provider populations.

**Social Marketing/Community Engagement must incorporate the following key objectives:**

1. Increase the availability of condoms among persons living with or at-risk for STI or HIV infection;
2. Review health promotion messages/strategies through Educational Material Review Process (EMRP);
3. Explain how the population was involved in the design and/or testing of the intervention.
4. Develop interventions that are culturally appropriate.
5. By interim report, develop a comprehensive social marketing plan, including internet-based mobile app outreach, to support and promote educational/informational messages and interventions focused on HIV and STD prevention, awareness, stigma reduction, treatment as prevention, and other related topics oriented toward priority populations;
6. Coordinate Regional Advisory Group activities to develop HIV prevention and care network to increase coordination of and access to comprehensive HIV prevention, treatment, and support services;
7. Participate in the Ohio Community Planning Group and the Ohio Integrated Prevention/Care Plan;



- d. Prevention with Positives is defined as:** The provision of services to support those newly diagnosed with or living with HIV to reduce their risks and remain in care, adherent to their medication, and achieve viral suppression.

**Prevention with Positives must incorporate the following key objectives:**

1. Create and disseminate culturally appropriate messaging to reduce stigma and discrimination for persons diagnosed with HIV infection;
2. Following ODH protocols, relink to care those who have presented at CTR testing sites but have previously tested or are known to be HIV positive;
3. Ensure that HIV positive contacts named through Partner Services are connected to testing, re-engagement, and risk reduction services;
4. Conduct empowerment and leadership activities to build capacity in people newly diagnosed with HIV or people living with HIV who are considered to be high-risk.
5. Identify HIV positive persons who are not in care (NIC) and link or re-engage them in care using data to care (D2C) as part of comprehensive strategy for linkage and re-engagement activities.

- e. Molecular Cluster Response Plan is defined as:** A Molecular Cluster Response Plan assesses and prioritizes molecular clusters to determine the level of response needed to effectively focus resources on clusters where enhanced response activities are likely to have the greatest impact on increasing case detection and interrupting disease transmission.

**Molecular cluster response planning must incorporate the following key objectives:**

1. Following ODH guidelines, develop a regional cluster/outbreak response plan;
2. Maintain regional DIS and Prevention staff skills on enhanced response (interviewing, intervention, and surveillance) techniques through training;
3. Designate rapid response team to intervene in HIV transmission clusters and HIV or STI-related outbreaks;
4. Use results of an ODH vulnerability assessment to increase targeted HIV testing, HCV testing, HAV/HBV vaccinations, and education and awareness of prevention interventions (e.g., harm reduction, PrEP, medication assisted treatment) for vulnerable populations within the HIV/STD prevention planning region.

- f. Statewide Initiatives is defined as:** The provision of a statewide resource on HIV/STI testing, education, online outreach, and community engagement to support the HIV Prevention goals of the State Integrated Prevention/Care Plan.

**Statewide Initiatives must incorporate the following key objectives:**

1. Maintain an HIV/STI prevention website and hotline that includes, but is not limited to:
  - Information on HIV/AIDS, STIs, and viral hepatitis prevention; HIV/STI-related stigma; treatment as prevention and viral suppression; risk reduction messaging, including PrEP/PEP;
  - Current public locations of confidential and anonymous HIV/STD

testing;

- Current locations of state-supported STD clinics;
  - Referrals to HIV/AIDS, PrEP/PEP, STI, and viral hepatitis services, including HIV care and case management;
  - Resource links to state and national programs, such as: ODH, CDC, and HIV.gov, etc.;
  - Provision of at-home HIV test kits when risk screen indicates need;
2. By interim report, develop a comprehensive social marketing plan to support and promote educational/informational messages focused on HIV prevention, awareness, stigma reduction, treatment as prevention, awareness of HIV/STD Hotline and website, and other related topics oriented toward priority populations;
  3. By interim report, develop a focused online community engagement plan, including internet-based mobile app outreach, to provide culturally competent engagement to Ohio MSM and transgender individuals on key social networking websites:
    - Must incorporate same resource provision as hotline and website;
  4. Increase the availability of condoms among persons living with or at-risk for STI and/or HIV infection;
  5. Participate in the Ohio Community Planning Group and the Ohio Integrated Prevention/Care Plan;
  6. Support Integrated Prevention/Care Health Equity goal through the coordination of a statewide HIV Youth Leadership Summit to decrease the disparities in disproportionately impacted youth.

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

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

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

Information on Federal Spending Transparency can be located at [www.USAspending.gov](http://www.USAspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

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

**G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

**H. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before** Monday, September 17, 2018.

*A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.*

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** 2019 HIV/STD Regions
- D.** 2019 HIV/STD Regional Funding Allocations
- E.** Work Plan Template Guidance
- F.** 2019 HIV Regional Prevention Projects Workplan
- G.** 2019 Statewide Initiatives Workplan
- H.** 2019 CTR Program Information

### **IV. PROGRAM ATTACHMENTS**

- 1.** Solicitation Checklist
- 2.** Letters of Collaboration and/or MOUs
- 3.** Surveillance Case Report Contact Form
- 4.** Grant Application Review/Rating Form

Reimbursement  
Type  
Select one of the  
options below:

- ☐ Monthly  
OR  
☐ Quarterly

## NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Office of Health Improvement and Wellness  
Bureau of Health Services

**Submission  
Required**

**By August 14, 2018**

ODH Program Title: HIV/STD Prevention

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

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

Type of Applicant Agency  
(Check One)

☐  
☐

County Agency  
City Agency

☐  
☐

Hospital  
Higher Education

☐  
☐

Local Schools  
Not-for Profit

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

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

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

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name)

Agency Head (Signature)

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

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

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),  
<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT\\_Payment\\_Authorization\\_OBM4310.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf)
- Supplier Information Form  
[http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier\\_Information\\_Form\\_OBM5657.pdf](http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf)

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY August 14, 2018

Mail, E-mail: Zach Reau, HIV Prevention Program, 614-644-1852

Ohio Department of Health HIV-STD Prevention

246 North High Street – 6<sup>th</sup> floor

Columbus, OH 43215

E-mail: [zach.reau@odh.ohio.gov](mailto:zach.reau@odh.ohio.gov)

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



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

**One request per person.** Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page – "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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:

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

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

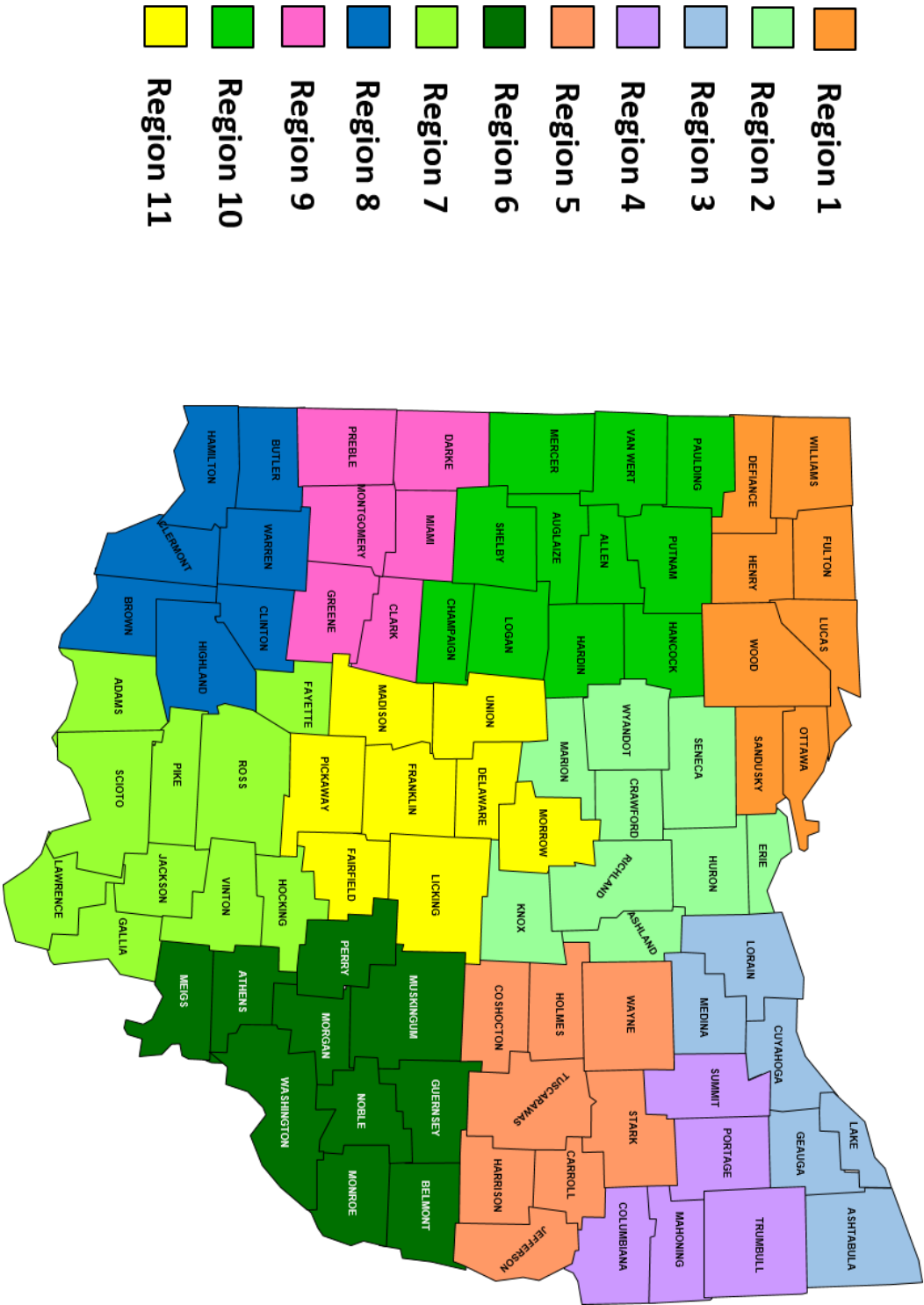
To be completed by Grants System Officer ONLY - Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

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

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

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)



## 2019 HIV/STD Prevention Regional Funding Allocations

Region	Syphilis Incidence*	HIV Incidence*	Maximum HIV Grant Amount	Maximum STD Amount	Total Max Amount
1			317,326.31	54,711.43	372,037.74
2			119,915.28	20,675.05	140,590.33
3			1,274,511.16	219,743.30	1,494,254.46
4			466,186.96	80,377.06	546,564.02
5			206,193.09	35,550.53	241,743.62
6			102,691.59	17,705.45	120,397.04
7			100,868.72	17,391.16	118,259.88
8			1,144,376.09	197,306.22	1,341,682.31
9			496,334.33	85,574.88	581,909.21
10			125,370.02	21,615.52	146,985.54
11			1,446,253.67	249,354.08	1,695,607.75
Statewide Initiatives			400,000		400,000

\* When entering the DIS salary into GMIS, be advised that the salary should reflect the syphilis and HIV incidence percentages listed in the above table. For example, if a DIS in Region 1 makes \$50,000, then 22% of that salary and fringe should come from the STD Prevention grant and 78% of that salary and fringe should come from the HIV Prevention grant.

## Workplan Template Guidance

### Instructions:

- Applicants must submit one workplan for the projects for which they are applying: HIV/STD Regional Prevention Projects and/or Statewide Initiative.
- All the required activities noted in the solicitation must be represented in the table with at least one activity or objective. Provide up to 3 activities or objectives per required or recommended activity, but avoid day-to-day operational details.

### Definitions:

- **Key Objective:** List the number of the required objective that each proposed activity/strategy relates to, using the numbered list at the top of each table. If it does not relate to a required objective, leave this blank.
- **Strategies or Activities:** These should be SMART (specific, measurable, achievable, relevant, and time-bound). Focus on the primary activities or strategies you need to accomplish each of the objectives and any recommended or other activities you propose.
- **Outputs & Outcomes:** what the activities will produce (reports, materials) or the difference they will make (results, impact).
- **Indicators:** List measures that your program will use to assess whether each activity was completed (process measures) or whether activities had the intended outcomes (outcome measures). When possible, these should reflect the indicators of the State Integrated Prevention/Care Plan.
- **Target Date:** Date by which you plan to meet your indicator or complete a key activity or strategy.

**Relationship to the application narrative:** Applicants should complete this and provide it as a separate attachment as part of their final application. The application narrative should refer to this work plan but should not repeat the information. They should be complementary.



**CTR in Priority Populations is defined as:** The provision of Counseling, Testing, and Referral (CTR) efforts toward those at-risk for HIV to increase the number of persons aware of their HIV status.

1. Conduct initial, basic acuity assessment following ODH protocols that includes, at a minimum, risk screening for HIV, HCV, and STI acquisition and/or transmission, PrEP/PEP readiness, insurance status, basic substance use prevention and treatment needs, assess other health issues such as chronic disease or risk; basic mental health needs and identify specific social determinants of health which diminish treatment success and put individuals at risk for HIV infection.
2. Provide education related to sexual health risk and risk reduction options, risk reduction tools (including PrEP/PEP) and how to access them if not provided directly, and access to counseling regarding risk reduction strategies;
3. Based on risk screening, conduct HIV rapid point-of-care or laboratory-based testing following ODH protocols;
4. By interim report, develop a comprehensive testing strategy to reach regional priority populations;
5. Establish and maintain testing sites in communities with high HIV prevalence or where priority populations may be engaged;
6. Continuously collect and report data according to ODH Prevention Monitoring and Evaluation standards.

[illegible]

### **DIS/LTC Workplan**

**DIS/LTC is defined as:** The provision of disease intervention activities including disease investigation, anonymous partner notification, and linkage to care and essential supportive services to reduce the frequency of new infections, re-infections, and increase access to treatment.

**DIS/LTC is must incorporate the following key objectives:**

1. Provide confidential services, following ODH protocols, to help individuals newly diagnosed with HIV, living with HIV, and/or diagnosed with infectious syphilis and other reportable STIs, identify their sexual and drug injection partners;
2. Notify and interview named partners of past or ongoing exposure to HIV, syphilis, and other STIs and facilitate partners' access to testing;
3. Conduct and prioritize investigation and interventions for pregnant women with syphilis (in accordance with CDC recommendations);
4. Conduct syphilis disease investigation and intervention for men with primary and secondary syphilis;
5. Support expedited linkage to medical care and/or treatment for individuals with a positive HIV test result or positive STD screening, (e.g. first HIV medical appointment, same-day STI examination and treatment, expedited partner therapy, etc.);
6. Confirm clients are successfully linked to a medical provider for medical evaluation and treatment within 30 days of HIV Diagnosis;
7. Promote Expedited Partner Therapy (EPT) to partners of chlamydia and/or gonorrhea cases;
8. Respond to STD-related outbreaks and/or HIV-related clusters/outbreaks in assigned regions;
9. Develop a care and prevention plan (for individuals living with HIV) using strength-based goal setting (ARTAS model);
10. Provide short-term health navigation for those with positive STI/HIV results:
  - Medical care coordination: health literacy services regarding HIV, HCV, STI, and TB transmission, symptoms, progression, and basic treatment; coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request;
  - Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance;
  - Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects, drug interactions, and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps);
  - Social determinants of health which put individuals at risk for HIV infection which include social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer opportunities, job training, or employment programs; providing basic household budgeting assistance;

- Substance use risk assessment and risk reduction services (perform or refer): education related to substance use risk and harms, information about risk reduction options; coordination of access to bio-medical prevention and harm reduction tools and services including, but not limited to, overdose education and naloxone distribution services, syringe services; confirmed linkage to treatment/counseling, (e.g., first appointment for Medication Assisted Therapy, completion of detoxification, etc.);
  - Sexual health risk assessment and risk reduction services: education related to sexual health risk and risk reduction options; education regarding risk reduction tools and how to access them if not provided directly; access to counseling regarding risk reduction strategies;
  - Linkage to evidence-based biomedical prevention tools that emerge and that are endorsed by ODH during this grant period, e.g. novel vaccines, long-acting PrEP.
- \*2019 will be used to establish a baseline for DIS/LTC services – Indicators are required\***

Key Objective	Strategies or Activities	Outputs & Outcomes	Indicators	Target Date
---------------	--------------------------	--------------------	------------	-------------

[illegible]

**Social Marketing/Community Engagement must incorporate the following key objectives:**

- \*Evidence-based interventions (EBIs) are considered optional community engagement activities and may be placed here. Please include focus population(s) in Outcomes when listing EBIs.

[illegible]

**Prevention with Positives Workplan**

**Prevention with Positives is defined as:** The provision of services to support those newly diagnosed with or living with HIV to reduce their risks and remain in care, adherent to their medication, and achieve viral suppression.

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**Prevention with Positives is defined as:** The provision of services to support those newly diagnosed with or living with HIV to reduce their risks and remain in care, adherent to their medication, and achieve viral suppression.

**Prevention with Positives must incorporate the following key objectives:**

1. Create and disseminate culturally appropriate messaging to reduce stigma and discrimination for persons diagnosed with HIV infection;
2. Following ODH protocols, relink to care those who have presented at CTR testing sites but have previously tested or are known to be HIV positive;
3. Ensure that HIV positive contacts named through Partner Services are connected to testing, re-engagement, and risk reduction services;
4. Conduct empowerment and leadership activities to build capacity in people newly diagnosed with HIV or people living with HIV who are considered to be high-risk.
5. Identify HIV positive persons who are not in care (NIC) and link or re-engage them in care using data to care (D2C) as part of comprehensive strategy for linkage and re-engagement activities.

- Prevention with Positives must incorporate the following key objectives:**
1. Create and disseminate culturally appropriate messaging to reduce stigma and discrimination for persons diagnosed with HIV infection;
  2. Following ODH protocols, relink to care those who have presented at CTR testing sites but have previously tested or are known to be HIV positive;
  3. Ensure that HIV positive contacts named through Partner Services are connected to testing, re-engagement, and risk reduction services;
  4. Conduct empowerment and leadership activities to build capacity in people newly diagnosed with HIV or people living with HIV who are considered to be high-risk.
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[illegible]

### Molecular Cluster Response Workplan

**Molecular Cluster Response Plan is defined as:** A Molecular Cluster Response Plan assesses and prioritizes molecular clusters to determine the level of response needed to effectively focus resources on clusters where enhanced response activities are likely to have the greatest impact on increasing case detection and interrupting disease transmission.

**Molecular cluster response planning must incorporate the following key objectives:**

1. Following ODH guidelines, develop a regional cluster/outbreak response plan;
2. Maintain regional DIS and Prevention staff skills on enhanced response (interviewing, intervention, and surveillance) techniques through training;
3. Designate rapid response team to intervene in HIV transmission clusters and HIV or STI-related outbreaks.
4. Use results of an ODH vulnerability assessment to increase targeted HIV testing, STI screening, HCV testing, HAV/HBV vaccinations, and education and awareness of prevention interventions (e.g., harm reduction, PrEP, medication assisted treatment) for vulnerable populations within the HIV/STI prevention planning region.

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[illegible]

**Statewide Initiatives is defined as:** The provision of a statewide resource on HIV/STI testing, education, online outreach, and community engagement to support the HIV Prevention goals of the State Integrated Prevention/Care Plan.

1. Maintain an HIV/STI prevention website and hotline that includes, but is not limited to:
  - Information on HIV/AIDS, STIs, and viral hepatitis prevention; HIV/STI-related stigma; treatment as prevention and viral suppression; risk reduction messaging, including PrEP/PEP;
  - Current public locations of confidential and anonymous HIV/STD testing;
  - Current locations of state-supported STD clinics;
  - Referrals to HIV/AIDS, PrEP/PEP, STI, and viral hepatitis services, including HIV care and case management;
  - Resource links to state and national programs, such as: ODH, CDC, and HIV.gov, etc.;
  - Provision of at-home HIV test kits when risk screen indicates need;
2. By interim report, develop a comprehensive social marketing plan to support and promote educational/informational messages focused on HIV prevention, awareness, stigma reduction, treatment as prevention, awareness of HIV/STD Hotline and website, and other related topics oriented toward priority populations;
3. By interim report, develop a focused online community engagement plan, including internet-based mobile app outreach, to provide culturally competent engagement to Ohio MSM and transgender individuals on key social networking websites:
  - Must incorporate same resource provision as hotline and website;
4. Increase the availability of condoms among persons living with or at-risk for HIV infection;
5. Participate in the Ohio Community Planning Group and the Ohio Integrated Prevention/Care Plan;
6. Support Integrated Prevention/Care Health Equity goal through the coordination of a statewide HIV Youth Leadership Summit to decrease the disparities in disproportionately impacted youth.

[illegible]

## 2019 Counseling, Testing and Referral (CTR) Program

All applicants will be sent a current listing of CTR sites within their region. This list should be updated and submitted as Appendix H. Appendix H is a list of HIV testing sites with corresponding address, contact person, testing days and times, and other services provided such as other STI testing.

Updates to Appendix H should be submitted at least twice each calendar year with the Annual Progress Report (APR) and the Interim Progress Report (IPR).

List each agency and site that will be providing CTR services within the applicant's HIV Prevention Region. The appendix should include the following columns, in this order:

- Agency/Site Name
- Agency ID
- Site ID
- Site Type
- Address
- City
- County
- Zip Code
- Phone number
- Testing hours/days
- Contact name
- Does the agency receive HIV funds?
- Anonymous testing (y/n)
- STD testing (y/n)
- AVH testing (y/n)
- TB testing (y/n)
- Site visit
- Previous positivity rate
- #2019 tests (projected)
- #2019 tests completed
- #2019 positive results

**Note:** Healthcare facilities are expected to yield a positivity rate of .1 percent, while non-healthcare settings are expected to have a positivity rate of 1 percent. If a site listed did not meet this positivity threshold in the past, then a justification must be provided along with a corrective action plan.



## Solicitation Checklist

### Documents to be submitted ASAP:

- ☐ Notice of Intent to Apply for Funding
- ☐ GMIS Training Form, if applicable

### Requirements of all applicants eligible to receive awards from ODH (submitted via GMIS):

- Program Narrative
  - ☐ Executive Summary
  - ☐ Description of Applicant Agency
  - ☐ Problem Need
  - ☐ Brief Methodology Narrative
  - ☐ Target Evaluation Project (TEP) Description
- Attachments required by Program:
  - ☐ Work Plan(s)
  - ☐ Letters of Collaboration (4)
  - ☐ Surveillance Case Report Contact Form
  - ☐ Position Descriptions for Funded Personnel
- Attachments required to by Grants Services Unit:
  - ☐ Civil Rights Review Questionnaire- EEO survey
  - ☐ Assurances certification
  - ☐ Federal Funding Accountability and Transparency Act (FFATA) reporting form
  - ☐ Electronic Funds Transfer Form (EFT)
  - ☐ IRS W-9
  - ☐ Current Independent Audit (latest completed organizational fiscal period)

### Required of applicants that are not public health departments

- ☐ Public Health Impact Statement
- ☐ Statement of Support from the Local Health District
- ☐ Proof of non-profit status
- ☐ Proof of current liability coverage

### **Letters of Collaboration**

Submit four (4) letters documenting program collaboration and the process for making/receiving referrals to/from key points of entry. Letters must demonstrate a referral relationship that exists between Prevention funded agencies and key points of entry in the counties/regions covered/shared by the entities. Letters of collaboration must be specific to this program and the current application year.

If the applicant agency is a key point of entry (e.g., applicant agency is a Federally Qualified Health Center, Hospital, etc), and the agency obtains a letter of collaboration from their own agency, then agency must get an additional letter. If agency has multiple offices/sites throughout Ohio, agency must obtain letters of collaboration from each of the regions they provide services.

Key points of entry are defined in legislation as:

- Emergency rooms
- Substance abuse and mental health treatment programs
- Detoxification centers
- Detention facilities
- Clinics regarding sexually transmitted disease
- Homeless shelters
- HIV disease counseling and testing sites
- Health care points of entry specified by eligible areas
- Federally Qualified Health Centers
- Entities such as Ryan White Parts A, C and D grantees **(Required, if applicable)**

**Letters of collaboration with local LGBTQ organizations and organizations that focus on minority health and outreach are strongly encouraged.**

**Surveillance Case Report Contact Form**

As mandated by state law 3701.24(B), administrative rule 3701-3-12, and per the process outlined in the HIV section of the Ohio Infectious Diseases Control Manual (IDCM) (<https://www.odh.ohio.gov/pdf/IDCM/hiv.pdf>), confidential HIV surveillance case report forms are to be forwarded to ODH within five (5) business days of receipt.

In the space below, please provide a primary and secondary contact for persons in the region who will ensure case report forms are forwarded in a timely manner consistent with Ohio and ODH policy and procedures.

Primary contact/party responsible:

Name:	
Title:	
Phone:	
Email:	
Mailing Address:	

Secondary contact/party responsible:

Name:	
Title:	
Phone:	
Email:	
Mailing Address:	

**HIV and STD Prevention Programs  
Grant Application Review/Rating Form  
Program Period: January 1, 2019 - December 31, 2022  
Budget Period: January 1, 2019 - December 31, 2019**

Agency: \_\_\_\_\_ Region: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Total Score: \_\_\_\_\_

**SCORE TABLE:**

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

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

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

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

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

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

TOTAL MAXIMUM SCORE: 100 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 70 points

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

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<b>PROJECT NARRATIVE</b>	<b>57 points total</b>		
<b>1. Executive Summary:</b> <i>A one-page summary of the proposal-should include target population, services and programs to be offered and what agency(ies) will provide those services.</i>	2		
<i>A description of the public health problems that the project will address.</i>	2		
<b>Total</b>	<b>4</b>		
<b>2. Description of Applicant Agency/ Documentation of Eligibility (5-15 pages):</b> <i>Demonstrate the applicant agency's eligibility to apply.</i>	2		
<i>Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.</i>	2		
<i>Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences</i>	2		
<i>Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.</i>	2		
<i>Describe plans for hiring and training personnel to assure clients will receive culturally appropriate care.</i>	2		
<i>Describe all personnel who will be directly involved in program activities.</i>	2		
<i>Describe the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program.</i>	2		
<i>Provide information about the hours of operation of your organization, including accommodations made for clients who cannot schedule appointments during "normal" business hours.</i>	2		
<b>Total</b>	<b>16</b>		

<b>3. Problem/Need (5-15 pages):</b> Application should identify and describe the local (don't restate national and state data) health status concern of people living with HIV that will be addressed by the project. The specific health status concerns that the project intends to address may be stated in terms of health status (morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based.	4		
Describe segments of the target population who experience a disproportionate burden for the health concern; or who are at an increased risk for the problem addressed by this funding opportunity.	2		
Outline efforts to recruit, promote and support a culturally and linguistically diverse workforce that is reflective of the population in the service area.	2		
Demonstrate the highest risk populations in the service region and devise strategies and describe services that will meet the needs of these populations.	2		
Describe how services will be coordinated with other relevant service providers who provide key points of access to health and support services for PLWHA, and how duplication of services will be avoided.	2		
Describe how the program will address gaps in service.	2		
Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV testing and counseling sites to minimize the gap between an HIV+ test and the initiation of HIV Care.	2		
<b>Total</b>	<b>16</b>		
<b>4. Methodology</b> All required activities noted in the solicitation must be represented in the table with at least one activity or objective.	4		
Provide up to 3 activities or objectives per required or recommended activity.	4		

<i>Strategies or activities are SMART (specific, measurable, achievable, relevant, and time-bound).</i>	4		
<i>Narrative refers to the work plan, but does not repeat the information.</i>	4		
<b>Total</b>	<b>16</b>		
<b>5. Targeted Evaluation Project</b>	<b>5 Points Total</b>		
Provide a brief description of their first proposed targeted evaluation project (TEP) including: <ul style="list-style-type: none"> <li>• Topic, strategy, or intervention that the applicant intends to evaluate;</li> <li>• Rationale for selecting that topic, strategy, or intervention;</li> <li>• Key evaluation questions for the first targeted evaluation project.</li> </ul>	5		
<b>Total</b>	<b>5</b>		

<b>6. Budget</b>	<b>14 Points Total</b>		
<b>Budget Narrative</b> <i>A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.</i>	5		
<i>Budget narrative matches the budget submitted in GMIS 2.0.</i>	3		
<i>Specific roles of personnel, consultants and contractors are explained and justified.</i>	3		
<i>Equipment, travel, supplies and training costs are explained and justified.</i>	3		
<b>Total</b>	<b>14</b>		
<b>7. Additional Solicitation Requirements</b>	<b>8 Points Total</b>		
<i>Public Health Impact Statement includes Public Health Accreditation Board (PHAB) Standards that will be addressed by grant activities</i>	2		
<i>Public Health Impact Statement of Support</i>	2		

<b>Human Trafficking</b> --Victims of human trafficking are included in agency's target population, and agency promotes the expansion of services to identify and serve those affected by human trafficking.	4		
<b>Total</b>	<b>8</b>		
<b>8. Attachments</b>	<b>10 Points total</b>		
Surveillance Case Report Contact Form	2		
Position descriptions for all staff members who are funded under the grant.	4		
Letters of collaboration	4		
<b>Total</b>	<b>10</b>		
<b>9. Overall Quality</b>	<b>6 Points Total</b>		
Clarity / completeness	2		
Adherence to all RFP guidelines	2		
Formatting requirements met <ul style="list-style-type: none"> <li>• Properly labeled</li> <li>• 1.5 spacing with 1 inch margins</li> <li>• Budget and Project Narratives in portrait orientation on 8 ½ by 11 paper</li> <li>• All pages numbered</li> <li>• Project Narrative meets page limit requirement</li> <li>• 12-point font</li> </ul>	2		
<b>Total</b>	<b>6</b>		
<b>10. Past Performance</b>	<b>5 Points Total</b>		
*Agency has submitted required expenditure reports, quality program reports by the due date.	5		
<b>Total</b>	<b>5</b>		
<b>Total Score of Review</b>	<b>100 Points Total</b>		

\*If agency does not have previous history with HIV-STD grant funding, "past performance" will be not applicable and overall total score will be out of 95 points.