



Date: October 1, 2018  
To: Prospective HIV Prevention Grantees  
From: James M. Adams, RS, MPH  
Subject: Region 5 HIV Prevention Program Funding Announcement

Canton City Public Health announces the availability of funding for HIV Prevention Projects. The program period will begin January 1, 2019 through December 31, 2022. The budget period for this application will be January 1, 2019, through December 31, 2019, pending funding availability and satisfactory performance. These funds are received from the Centers for Disease Control and Prevention (CDC) and the State of Ohio and are coordinated by the Ohio Department of Health (ODH).

This year, the State restructured HIV prevention counties and regionalized the funding dollars. In prior years, HIV prevention funding has covered Carroll, Columbiana, Harrison, Jefferson, Mahoning, Stark and Tuscarawas Counties; however, for fiscal year (FY)2019, the counties covered by region five include Carroll, Coshocton, Harrison, Holmes, Jefferson, Stark, Tuscarawas and Wayne Counties. Approximately \$206,000 has been appropriated for region five; however, because of program requirements mandated by the State, \$48,561 is available for agencies interested in applying for funding. This program is authorized under the Cooperative Agreement between the US Centers of Disease Control and Prevention and the ODH HIV/STD Prevention Program.

Grants can be made to public entities and to nonprofit entities concerned with Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS) (see attached program requirements). Each award is expected to average \$5,000 to \$20,000. Awards will be based upon the application review process which will be coordinated by the local health department in conjunction with the regional advisory group. A total of four grants will be awarded.

Funds may not be used for inpatient services; to make cash payments to intended recipients of services; to purchase office equipment and furniture; to purchase or improve property; to support construction cost or renovation costs; or as matching funds for the receipt of other federal grants.

Any questions regarding the grant application process can be directed to Pamela Gibbs at 330-489-3322.

An original and four (4) hard copies of the completed application must be received no later than 4:00 pm on November 9, 2018. Applications received after the date and time will not be accepted. If desired, the application may be hand delivered from 8:00 A.M. to 4:00 P.M. on the due date. Faxed applications will not be accepted.

Mail or deliver the application to:

**ATTN.: PAMELA GIBBS  
CANTON CITY PUBLIC HEALTH  
420 MARKET AVENUE NORTH  
CANTON OH 44702-1544**

Application should be sent by return receipt. By doing so, you will have an official copy indicating the application was received. Each application submitted will be screened to assure completeness and consistency with the application content requirements. The Health Department will not be responsible for late mail or other delivery problems. Incomplete applications will NOT be reviewed.

This is a competitive grant process. Applications will be reviewed by a team to be assembled by the Regional Advisory Group (RAG) in partnership with the Local Health Department (LHD). The review team will perform an in-depth evaluation of each application and score the application. Those applications that make the initial cut will be presented to the RAG group for approval.

Letters will be sent out to applicants by December 30, 2018, informing them of their final funding results.

The Freedom of Information Act and the associated Public Information Regulations (45 CRF Part 5) of the Ohio Department of Health and Human Services requires the release of certain information regarding grants requested by any member of the public. The intended use of this 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 privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CRF Part 5.

All grant decisions are final. Once the review process is complete, an applicant may request review information by a written request to Pamela Gibbs.

In order to maintain an effective review process, termination of the grant/contract and suspension from the next RFP process will automatically occur if any applicant, their employees, board members, their spouses, and any person negotiating or has an arrangement concerning prospective employment contacts any of the reviewers.

Sincerely,



James Adams, R.S., M.P.H.  
Health Commissioner

**CANTON CITY PUBLIC HEALTH  
420 MARKET AVENUE NORTH  
CANTON, OH 44702**

**REQUEST FOR PROPOSAL (RFP)**

**FOR THE  
REGION FIVE  
HIV PREVENTION GRANT**

**January 1, 2019 to December 31, 2019**

**APPLICATION DUE DATE  
November 9, 2018 at 4:00 P.M.**

**COMPETITIVE GRANT APPLICATION INFORMATION**

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**Region Five**  
Canton City Public Health  
2019 HIV Prevention Grant Funds

**NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF)**

The \_\_\_\_\_ Organization intends to apply for 2019 HIV Prevention funds through the Request for Proposal (RFP) Process.

**Contact Information**

**Contact Name:**

**Organization:**

**Address:**

**Telephone:**

**Email:**

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

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

Letter of Intent is due to the Canton City Public Health by **October 8, 2018**. You will receive a confirmation email that your request has been received. If you have submitted a Letter of Intent and have not heard from the Canton City Public Health within a week, please contact Pam Gibbs at 330-489-3322 or [pgibbs@cantonhealth.org](mailto:pgibbs@cantonhealth.org).

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Taxpayer Identification Number and Certification (W-9). Forms are required for NEW AGENCIES or if UPDATES are needed for current agencies.

Note: All NOIAFs not received by due date will not be accepted.

Letter of Intent - Mail to:  
Pamela Gibbs,  
Canton City Public Health  
420 Market Avenue North  
Canton OH 44702-1544

or FAX to:  
Pamela Gibbs  
Nursing  
330-430-7857

**Bid Proposal Submitted by:**

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Company Name

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Street Address

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City

State

Zip Code

---

Contact Person

Phone Number

Fax Number

**NOTE: FAILURE TO RETURN THIS BID PROPOSAL BY DUE DATE AND TIME  
MAY BE CAUSE FOR REJECTION**

## **Application Summary and Guidance**

Purpose: In accordance with the Centers for Disease Control and Prevention (CDC), the Ohio Department of Health (ODH) and the HIV Integrated HIV Care & Prevention Plan for Ohio, the purpose of this funding opportunity is to support 4 HIV Counseling, Testing and Referral (CTR) Sites in the eight (8) Region 5 counties of Carroll, Coshocton, Harrison, Holmes, Jefferson, Stark, Tuscarawas and Wayne. The CTR sites will address the Ohio HIV epidemic through increasing the amount of people who know their HIV status by orienting testing toward Region 5's target populations.

### **A. Eligible applicants will:**

- Be a tax exempt, non-profit organization or local governmental agency located in a county within region five;
- Have proven administrative, fiscal and program capacity to implement the program stipulated in this RFP;
- Have the program capacity to provide a timeline beginning January 1, 2019 with immediate implementation of the funded program.
- New Agencies – Training will be provided by the Health Services Coordinator and implementation started within the first quarter (by March 31, 2019).
- Have submitted application and all required attachments by 4:00 p.m. on Friday, November 9, 2018.

### **B. Application Information:**

- Budget period: January 1, 2019 – December 31, 2019.
- The funding is available for four (4) agencies with a successful application for Counseling, Testing and Referral (CTR) focused on the priority populations.
- Please submit an original and four (4) complete copies of your proposal.
- Refer to the RFP checklist to ensure agency eligibility and inclusion of ALL required grant components.
- All proposals are to be typed on 8 ½ by 11-inch paper, one-sided, 1.5 spaced with 1" margins. Applicants should use 12-point Times Roman font, with pages numbered in the center of the Footer. Proposals should be stapled at the top of the left side of the cover page. The "Bid Proposal Submitted by" page should be used as the cover sheet for the

proposal.

- Properly label each item of the application packet (e.g. Abstract, Target Population, Budget Narrative)
- Submitted proposals will be reviewed by chosen reviewers.
- Final funding recommendations will be presented to the Canton City Public Health RAG for final approval. All funding decisions are final.
- For technical assistance to prepare the proposal submissions, please contact Pamela Gibbs at (330) 489-3322 or [pgibbs@cantonhealth.org](mailto:pgibbs@cantonhealth.org).
- Release of the funds will be contingent upon fund availability, satisfactory review of the activities and expenditures.

### **C. 2019 HIV Prevention Grant Anticipated Timeline**

- Proposals due to Canton City Public Health: Friday, November 9, 2018 by 4:00pm.
- Submitted proposal review process: November 19-20, 2018
- Notice of Award: By December 30, 2018
- Beginning of grant period: January 1, 2019
- End of grant period: December 31, 2019
- Narrative quarterly reports due to the Canton City Public Health on April 10, 2019, July 10, 2019, October 10, 2019 and January 10, 2020.
- HIV kit inventory, condom and social media reports due the 3<sup>rd</sup> of each month following previous month's activities.
- Submit an original project invoice by the **10<sup>th</sup> of each month** for expenditures in the previous month.



## **Program Requirements**

- All programming must be culturally and linguistically appropriate and must include comprehensive HIV Prevention Education. The program will address one or more co-factors that lead to HIV infection as they relate to the targeted population. Such as: alcohol and other drug use and abuse, low self-esteem, physical/emotional/sexual abuse, socioeconomic factors, sexual addiction, peer pressure, cultural/ethnic barriers, religious beliefs, health factors common to at-risk populations.
  - Agency must document current knowledge and experience in working with the target population (i.e. culture-specific norms, values, realities of the target population, gender and cultural norms in sexual decision making, HIV/AIDS related experience with target population).
  - Agency must indicate collaboration and partnerships with other local agencies involved with HIV/STI prevention, education and/or services, as well as other local organization with connections and experience with the target populations.
  - Agency must reach target groups consistent with the region five plans.
    - Target populations established are as follows:
      1. MSM\* - Men who have sex with men;
      2. Youth\* - males and females aged 13-24 years;
      3. PWID\* - People who inject drugs
- \*Includes a focus on the African American and Hispanic population due to the disparities seen in region five.**
- Agency must participate in Quality Assurance Site Visits, Regional Advisory Meetings (RAG) and Educational Review Panel process (training will be provided).
  - A separate budget and narrative must be submitted.

**HIV PREVENTION FUNDING APPLICATION INSTRUCTIONS**  
**NARRATIVE**

**I. Abstract** **1-page maximum**

Provide a brief summary of your project and include the following:

- What is the goal/rationale and behavioral outcome objective of your project?
- What is your target population?
- Where will your project take place?

**II. Description of Applicant Agency/Documentation of Eligibility/Personnel**

- Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program.
- Describe the capacity of your organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes person 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 all personnel who will be involved in program activities. Include position descriptions for all staff members who will be funded under these grant dollars.

**III. Target Population**

- Describe and document the characteristics of your target population as they relate to your local regional area. Copies of the Ohio Department of Health Epidemiological Profile for Region 5 can be obtained by contacting Pamela Gibbs at 330-489-3322 or email request to [pgibbs@cantonhealth.org](mailto:pgibbs@cantonhealth.org).
- Profile the specific behaviors and applicable co-factors that place them at risk.
- Describe barriers that prevent this particular population from applying their HIV prevention knowledge.
- Document your knowledge and experience with the target population, particularly as it relates to:

- Culture-specific norms, values, and realities of the target population;
- Gender and cultural norms in sexual decision making;
- Behavior change related to activities that may put them at risk
- Detail how you will provide outreach to each high risk group.

#### **IV. Program Description**

- Operationally describe your program.
- How data will be collected and measured.
- Describe how your program will be culturally sensitive and language specific to your target population.
- Describe the skills building alternatives to risky behavior:
  - What skills will be emphasized?
  - What is the rationale for focusing on these skills?
  - What is the expected outcome of focusing on these skills?
- Describe how the applicable co-factors will be incorporated into your program.
- Describe plans for hiring and training, as necessary.
- Explain how the program will be supervised and coordinated.
- Delineate all personnel who will be directly involved in program activities. List their experience and expertise in program activities they will be responsible for overseeing.

#### **V. Program Objectives (Use the workplan - Appendix A)**

- Describe program strategies/activities that will be used to accomplish objectives, using SMART (Specific, Measurable, Attainable, Realistic & Time-Phased) process.
- Identify expected outputs and outcome objectives.
- Indicate how objectives will be evaluated to determine the level of success of the program strategies, include what will be measured and how it will be measured.
- Identify the data sources utilized to evaluate each objective.

#### **VI. Linkage to Partner Notification and Early Program Services for HIV Infected person**

- Describe how your program will effectively emphasize and encourage linkage to Disease Intervention Specialist (DIS) partner services and/or Linkage to Care.
- Document the relationship between your Prevention Program, DIS, LTC and how the program participant will be positively impacted by this relationship.
- Outline the system to be used for follow-up to determine if referrals were successful.

**VII. Collaboration and Partnerships with other organization involved with HIV/STD prevention education, and/or services connected to your target population.**

- Provide recent documentation on any new or ongoing collaboration and partnership efforts.
- Demonstrate how your project will build upon currently available resources.
- Demonstrate how the project will increase access to other local sources of program support in order to broaden the base of funding on the local level and continue the project into the future.
- Provide three (3) letters of support – Letters must document program collaboration and referral relationship that exist between prevention funded agency and sites within Region 5. Letters must be specific to this program and the current application year.
- Provide tax identification number (TIN) and status.

**VIII. Budget on forms provided**

- Prior to completion of the budget section, please review budget justification example (Form 1) and unallowable costs page (Form 2).
- A full copy of the updated Ohio Department of Health Grants Administration Policies and Procedures (OGAPP) manual is available on the ODH website: <http://www.odh.ohio.gov> or contact Pam Gibbs to have one emailed.
- Provide a budget for the one-year project period using Attachment 4a/b.
- 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. Explain and justify equipment, travel, supplies and training costs.

- Provide budget information with sufficient detail to show the specific use of all project funds, both grant and other, which is appropriate and consistent with proposal description and objectives.

**Note: Only 10% of the requested dollars may be used for administrative costs.**

**IX. Grant Application**

- Fully complete application (Attachment 3)

**X. Agency Non-Contact Reviewer**

- Sign agency non-contact reviewer (Attachment 5)

**XI. Agency Board Membership**

- List Board Membership (Attachment 6)

**GRANT APPLICATION**

1. Title of Project	
2. Response to Specific Program Announcement <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" state announcement title)	
3a. Name of Program Director	
3b. Position Title:	3c. Fax : _____
3d. Mailing Address	3e. Telephone (Area Code, Number, & Extension)
5. Type of Application a. <input type="checkbox"/> New Project    b. Project Period: From _____, 2019 through _____ 2019	
6. Application Agency Name: _____ Address: _____ Officers Authorized to Sign Contracts: Name: _____ Title: _____ Name: _____ Title: _____	
7. Type of Organization: <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private Nonprofit	8. Federal ID Number: _____
9. Official Custodian of Funds Name: _____ Phone: _____	
10. Program Director agrees to accept responsibility for the project and to provide the required quarterly progress report and participate in site visits if a grant is awarded as a result of this application.	Signature of Person in 3a. Date

## BUDGET JUSTIFICATION EXAMPLE (Base Only Funding)

## NOTES:

1. This justification is an example and may include line items that should not be direct billed to a grant if Sub-recipients are charging indirect. The purpose of the example is to assist Sub-recipients who are charging indirect as well as those who are direct billing. Each line item in the budget must be thoroughly detailed in the budget justification.
2. Budget justification line items MUST be in the same order as in the GMIS budget.

## PERSONNEL

## Notes:

1. The language below in red is required to be included in all position descriptions when indirect is being charged to the grant. If language is not included, the budget will be disapproved. (Name of Agency) certifies that this position can be directly attributed to this grant and therefore charging indirect against this position is allowable.
2. Any additional breakout of personnel expenses should only be included in GMIS.
3. If a position title does not exist in GMIS, choose a position title in GMIS that closely mirrors the official title. It should be labeled on the justification as follows: Fiscal Officer (Fiscal Director). Fiscal Officer is the title in GMIS but Fiscal Director is their official title.
4. Any match or in-kind, not required to be budgeted in GMIS, must be reported on a separate document and attached in GMIS labeled "In-Kind/Match document."
5. Subrecipients are only required to include the job responsibilities of the position in the budget justification. The amount charged to the grant should be documented in GMIS.

## Epidemiologist – Jim Allen

Participate in regional planning and exercise efforts as subject matter expert towards the development of a regional Ebola and other special pathogen concept of operations plan supporting the following planning capabilities.

## Fiscal Officer (Fiscal Director) – Susan Thomas

This position will be responsible for all accounting, fiscal record keeping and financial reporting and will oversee the accounting and bookkeeping staff. She will also collect data for evaluations and the required reports for all grant funded activities. (Please note: This position cannot be direct billed to a grant if the agency is charging indirect unless the agency has a federally approved indirect rate that allows the position to be direct billed.)

## Health Educator – TBD

This position will provide direct services to youth in the 4 county areas and to the Juvenile Detention Center of NWO. He/She will assist with Youth Leadership Conference for one week.

## Program Coordinator – Joe Pope

This position will be responsible for monitoring grants, grant financials, review of budget revisions organizing grant deliverables and uploading the grant deliverables into GMIS.

Nurse – Joyce Brown (Part-Time Employee)

Responsible for providing clinic and metabolic clinic nursing services and case coordination (70%) plus OCCSN case coordination (10%). In support of component #1 provides Newborn Screening case coordination in support of grant component #2 (20%).

Nurse – Janet Coleman

This position is responsible for providing clinic and metabolic clinic nursing services and case coordination and OCCSN case coordination. In support of component #1 provides Newborn Screening case coordination in support of grant component #2. We will not charge any salary cost for this position only travel.

Total Personnel Cost - \$209,005.13

## OTHER DIRECT COSTS

Notes:

1. There is a possibility that any line item listed in Other Direct Costs (ODC) may not be allowed as a direct cost if indirect is being charged to the grant. If the agencies administrative staff and all programs are in one location, then certain line items may have to be charged to the indirect costs collected. Also, if ODC line items cannot be directly attributed to a specific subgrant then the line item should not be direct billed to the grant when charging indirect costs.
2. The annual cost and the allowable percentage for a particular program must be included in the justification verbiage if a cost allocation plan is being used to determine costs charged to a grant. Also, the cost allocation plan is required to be submitted with the grant application.

## Advertising

- Billboard Advertising for a 3-month period to promote the WIC program @ \$200.00 per month.
- Cable television advertising for 12 months specific to the WIC program @ \$110.00 per month.
- Advertising to fill vacant budgeted positions will be utilized throughout the year as needed.
- 156 Radio spots @ \$100.00 per spot will be used to raise awareness to parents and community on effects of <purpose or objective to achieve>.

## Travel/Training

*Agency's mileage reimbursement rate is \$.52 per mile.*

## In State

### Program Coordinator

This person will travel to 5 sites, approximately 6 times each per year, to conduct classroom programming and attend the annual ODH regional meeting. Their travel will include overnight lodging, meals and mileage reimbursement.

### Nurse's Mileage



Mileage for travel to schools for Nurses is estimated to be 36 visits per year.

Out of state

Nurses

<Name of Conference> <Location>: <Purpose and objective of Out of state travel> for example, out of state travel for Nurses to attend required curriculum training (costs not to exceed current state rates).

Mileage to and from Airport 100 miles' x \$0.40/mile = 40

Airport parking \$30/day x 4 days = 120

Airfare \$300 x 2 people = 600

Hotel \$81/night x 4 nights' x 2 people = 324

Per-diem of \$56/day x 4 days' x 2 people = 448

Links:

OBM Travel: <http://obm.ohio.gov/TravelRule/>

GSA: <http://www.gsa.gov/portal/content/104877>

Training

Health Educator will be attending the 2 seminars to prepare for this year's Youth Leadership conference.

- <Name of Seminar 1> = \$ 75.00
- <Name of Seminar 2> = \$ 25.00

Project Kind is a 3-day Train the Trainer program for the training of local schools. The cost for the training is \$1,000.00 per participant. The training will be attended by the Program Coordinator.

Total Other Direct Costs

\$10,479.83

CONTRACTS

Notes:

1. Your sub-contractors are required to abide by the same rules and regulations as that of an ODH Sub-recipient
2. 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).
3. Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
4. The OGAPP and the rules and regulations have been read and are understood.
5. Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
6. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to sub-awards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

## **Unallowable Costs**

Grant costs cannot be considered allowable by ODH unless they meet the appropriate OMB cost principles and have been approved either in the initial application budget or in a subsequent approved budget revision. Funds must be used solely for the purpose as specified in the grant announcement or the Solicitation. However, costs that were previously approved on a budget, but have been found to be unallowable through a site monitoring visit or an audit, will be disallowed. **The use of funds for prohibited purposes will result in the loss of grant funds and may require the subrecipient to return funds to ODH.**

Grant funds **may not** be used for the following:

1. Advancement of political or religious points of view
2. Fund raising and investment management costs
3. Dissemination of factually incorrect or deceitful information
4. Consulting fee for salaried program personnel to perform activities related to grant objectives
5. Advertisement – other than for recruitment or procurement or if required by the specified program's Solicitation
6. Bad debts of any kind
7. Contributions to a contingency fund or reserve
8. Entertainment
9. Alcoholic Beverages
10. Fines and penalties
11. Legal fees incurred in defense of any civil or criminal fraud proceeding
12. Membership fees, unless related to the program and approved by ODH
13. Loan or the principle amount of mortgage payments
14. Contributions made by program personnel
15. Costs to rent equipment or space owned by the funded agency
16. Inpatient services
17. Purchase or improvement of land; the purchase, construction or permanent improvement of any building
18. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds
19. Lodging, travel and meals over the current state rates (See Ohio Shared Services Website for hotel rates and Meals Per Diem at: <http://www.ohiosharedservices.ohio.gov/TravelandExpense.aspx>)
20. All costs related to out-of-state travel, unless prior approved by ODH
21. Training longer than one week in duration, unless prior approved by ODH
22. Contracts, for compensation, with advisory board members
23. Goods or services for personal use regardless if reported as taxable income to employee
24. Grant-related equipment costs greater than \$1,000, unless justified and approved by ODH
25. Payments to any person for influencing or attempting to influence members of Ohio General Assembly in connection with awarding of grants or other lobbying costs
26. Gas Card/Vouchers unless specified in the Federal program guidelines and included in Solicitation
27. Promotional items (include items with slogans, logos, agency name/address, messaging).

Promotional like items must be preapproved prior to submitting in agency subgrant program budget (e.g., to water bottles, t-shirts, totes that do not include slogans, logos, agency name/address, messaging).

28. Office furniture\*

29. Additional program specific Unallowable Costs per the CFDA, Program regulations and directives or state law specifications, which may be provided in the Solicitation.

\*Subrecipients will no longer be permitted to purchase office furniture, including but not limited to desks, chairs, file cabinets, using funding received from ODH. Subrecipients are permitted to purchase office furniture using the indirect funding collected from ODH subgrant funding. The transition to deliverable-based subgrants also provides another avenue for subrecipients to purchase office furniture. If office furniture is included in your current budget, you must attach a purchase order showing the purchase date. Any office furniture purchased on or after August 1, 2016 will be disallowed. Office furniture is being added to the Unallowable List in the solicitations and the OGAPP manual. With prior written approval, the ODH WIC subgrant program is permitted to purchase replacement office furniture within the first two quarters of the grant year. The ODH Director may grant a waiver to this policy under special circumstances. The written waiver request must clearly detail the circumstance for the need to purchase replacement office furniture (i.e., fire, flood). If a subrecipient no longer receives subgrant funding used to purchase office furniture, the furniture must be returned to ODH or transferred to another subrecipient receiving those subgrant funding. Please contact your grant consultant if you have any further questions.

**BUDGET DETAIL**

Budget Period \_\_\_\_\_ to \_\_\_\_\_ Project Name: \_\_\_\_\_

Personnel		Hours Per Week on Project	Source of Project Funds		
Name	Position Title		Grant Funds*	Other Funds**	Total Project Costs
<b>SUBTOTAL PERSONNEL</b>					
<b>FRINGE BENEFITS</b> Insurance Social Security Retirement Disability Medical Dental					
<b>TOTAL PERSONNEL</b>					

1. Title of Project	
2. Response to Specific Program Announcement <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" state announcement title)	
3a. Name of Program Director	
3b. Position Title:	3c. Fax : _____
3d. Mailing Address	3e. Telephone (Area Code, Number, & Extension)
5. Type of Application a. <input type="checkbox"/> New Project    b. Project Period: From _____, 2019 through _____ 2019	
6. Application Agency Name: _____ Address: _____ Officers Authorized to Sign Contracts: Name: _____ Title: _____ Name: _____ Title: _____	
7. Type of Organization: <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private Nonprofit	8. Federal ID Number: _____
9. Official Custodian of Funds Name: _____ Phone: _____	
10. Program Director agrees to accept responsibility for the project and to provide the required quarterly progress report and participate in site visits if a grant is awarded as a result of this application.	Signature of Person in 3a. Date

**AGENCY NON-CONTACT REVIEWER AGREEMENT FORM**

The undersigned board chair and director understand that the

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Agency Name

employees, board members, their spouses, and any person negotiating or has an arrangement concerning prospective employment is prohibited from contacting any of the initial and final reviewers before, during, or after the review process for the sole purpose to discuss our agency' s or another agency' s application.

If the agency' s employees, board members, their spouses, and any person negotiating or has an arrangement concerning prospective employment contacts any of the initial and/or final reviewers to discuss our agency' s or another agency' s application, **termination of the contract/grant and suspension from the next RFP process will automatically occur.**

Therefore, all requests for initial and final review information on our agency's application will be obtained by writing to:

Pamela Gibbs  
Canton City Health Department  
420 Market Avenue North  
Canton OH 44702-1544

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Board Chair

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Agency Director



## **APPLICATION SCORING**

For the review process, all applications for funds will be scored and ranked. Maximum possible points for each section of the application are as follows:

I.	Abstract Narrative	1 Points
II.	Description of Applicant Agency	__ Points
III.	Target Population	__ Points
IV.	Program Description	__ Points
V.	Program Objectives (Workplan)	__ Points
VI.	Linkage to Partner Notification	__ Points
VII.	Collaboration/Partnerships	__ Points
VIII.	Grant Application	1 Points
IX.	Budget Forms and Justification	2 Points
X.	Non-Contact Reviewer Form	1 Points
XI.	Board Membership	1 Points

TOTAL POSSIBLE SCORE      100 Points

## **APPLICATION CHECKLIST**

The application should be submitted in the following order:

- Bid Proposal Submit Page
- Abstract
- Description of Applicant Agency
- Target Population
- Program Description
- Program Objectives (Workplan)
- Linkage to Partner Notification
- Collaboration / Partnerships
- Grant Application
- Budget Forms
- Agency Non-Contact Reviewers Agreement Form
- Board Membership Table
- Supporting Documentation



## **REVIEW RATING PROCESS AND FORMS**

Each application submitted will be screened to assure completeness and consistency with the application content requirements. If an application is incomplete, not completed correctly, or no letter of intent is on file, the application will not move onto the review process.

A review team will be assembled by the Health Services Coordinator, Pam Gibbs, to review applications. The review team will perform an in-depth evaluation of each application and score the application. Those applications which make the initial cut, which is a score of 70 or better, will be recommended to Canton City Public Health and presented in order to the Regional Advisory Group.

By December 31, 2018, letters will be sent out to applicants informing them of the final funding results.

All grant decisions are final. Once the review process is complete, an applicant may request initial and final review information by writing to Pamela Gibbs, Canton City Public Health, 420 Market Avenue North, Canton, OH 44702-1544. In order to maintain an effective review process, termination of the grant and suspension from the next RFP process will automatically occur for any applicant, their employees, board members, their spouses, and any person negotiating or has an arrangement concerning prospective employment who contacts any of the reviewers.

Total maximum score – 100

Minimum score to be eligible for funding – 70

	<b>Components of Proposal</b>	<b>Maximum Score</b>	<b>Score</b>	<b>Strengths / Weakness</b>
<b>I</b>	Does <u>Abstract</u> include goal, behavioral outcome objective, target population and where project will take place?			
	<b>Maximum Total</b>			
<b>II</b>	Does <u>Description of Applicant Agency</u> include eligibility to apply and summary of agency structure?			
	Capacity of organization and personnel to communicate in a manner easily understood by diverse audiences noted. Note personnel or equipment deficiencies.			
	Description of personnel and positions of funded staff members listed.			
	<b>Maximum Total</b>			
<b>III</b>	Does the <u>Target Population</u> section include description and documentation of target population related to agency's local area?			
	Profile the specific behaviors and applicable co-factors that place target population at risk			
	Describe barriers that prevent population from applying HIV prevention knowledge			
	Does documentation explain target population as it relates to: -Cultures-norms, values and realities -Gender and cultural norms in sexual decision making -Behavior change			
	Does agency detail how they will provide outreach			
	<b>Maximum Total</b>			
<b>IV</b>	Does <u>Program Description</u> describe program and how data will be collected and measures			
	Describe how program will be culturally sensitive and language specific			
	Describe skill building alternatives to risky behavior: -skills emphasized,			

	-rationale for focusing on the skills -expected outcome for focusing on skills			
	Description of how applicable co-factors will be incorporated			
	Description of hiring and training if necessary			
	Description of how program will be supervised and coordinated			
	Description of all personnel, experience and expertise in program activities			
	<b>Maximum Total</b>			
<b>V</b>	Is the <u>Program Objectives</u> completed on the workplan template with at least one activity listed per numbered objective.			
	Is each activity listed SMART (specific, measurable, achievable, relevant and time-based)?			
	Does each activity have an expected outcome listing what each will produce or difference it will make to community?			
	Does each objective list how it will be evaluated to determine the level of success and the data source utilized to evaluate?			
	<b>Maximum Total</b>			
<b>VI</b>	Is description of how program will <u>Link to DIS and LTC</u> listed?			
	Document how relationship between program agency, DIS and LTC will positively impact participant.			
	Outline system agency will use to prove referral was successful.			
	<b>Maximum Total</b>			
<b>VII</b>	Does agency show <u>Collaboration and Partnership</u> with other organizations connected to target populations?			
	Is 3 letters of support provided?			
	<b>Maximum Total</b>			
<b>VIII</b>	Is <u>Budget</u> detail forms included?	1		
	Does budget narrative amount match detail forms?	1		

	<b>Maximum Total</b>	<b>2</b>		
<b>IX</b>	<u>Grant Application included</u>			
	<b>Maximum Total</b>	<b>1</b>		
<b>X</b>	<u>Agency Non-Contact Reviewer form incl.</u>			
	<b>Maximum Total</b>	<b>1</b>		
<b>XI</b>	<u>Agency Board Membership form included</u>			
	<b>Maximum Total</b>	<b>1</b>		
<b>XII</b>	Overall Quality Clarity/Completeness	.5		
	Formatting requirement met: <ul style="list-style-type: none"> <li>• Properly labeled</li> <li>• 1.5 spacing with 1 inch margins</li> <li>• All pages numbered</li> <li>• 12 point font</li> </ul>	.5		
	<b>Maximum Total</b>	<b>1</b>		
	<b>Total Score of Review</b>	<b>100 Points Total</b>		

## Workplan Template Guidance

### **Instructions:**

- Applicant must submit workplan for project for which they are applying: HIV Prevention Grant
- 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 on community or individual).
- **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).
- **Target Date:** Date by which you plan to meet your indicator or complete a key activity or strategy.

## 2019 Regional HIV Prevention Workplan

**CTR in Priority Populations is defined as:** The provision of Counseling, Testing, and Referral (CTR) efforts towards 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. Based on risk screening tool, conduct HIV rapid point-of-care to Region 5 priority group populations following ODH protocols;
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. Ensure all individuals newly diagnosed HIV positive will be linked to Disease Intervention Specialist (DIS) and/or Linkage to Care (LTC) Specialist for partner notification and linkage to care;
4. By 1<sup>st</sup> Quarterly Report (due April 9, 2019), develop a comprehensive testing strategy to reach regional priority populations to achieve 1% positivity rate;
5. Continuously collect and report data according to ODH protocol (opsan forms, monthly inventory report, condom and social media report). For new agencies reports will be provided and explained after notice of award.

**WORKPLAN for CTR**

<b>Key Objective</b>	<b>Strategies or Activities</b>	<b>Outputs &amp; Outcomes</b>	<b>Indicators</b>	<b>Target Date</b>