

## SFY 2017 SOS Request For Solicitation

### Welcome

#### Overview of the Program

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness, Bureau of Maternal and Child Health, Save Our Sight Program announces the availability of grant funds.

Authorization of funds for this purpose is contained in Amended Substitute House Bill Section 3701.21 of the Ohio Revised Code and Sections 3701-48-01, 3701-48-02 and 3701-48-03 of the Ohio Administrative Code. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

Funds will be available to ensure that children in Ohio have good vision and healthy eyes by providing support to children with amblyopia, providing protective eyewear for youth sports and school activities and preventing eye injuries, providing eye health and safety programs for our schools, and vision screening of children through training and equipping of screeners. Applicants for the Save Our Sight Program may apply for up to four components: Ohio Amblyope Registry, Protective Eyewear, Vision Health and Safety Education and Vision Screening Training. Only one successful applicant will be awarded per component.

#### Eligibility to Apply & Service Area

All applicants must be a local public or non-profit agency, applicants must be a 501(c) organization with demonstrated experience in the delivery of vision services. 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). *Applicants must provide vision services for the entire state of Ohio.*

*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, March 7, 2016.**

#### Data Universal Number System (DUNS)

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).

#### Federal Funding Accountability and Transparency Act (FFATA)

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subrecipients receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS.

### **Program Goals, Objectives and Activities**

The goal of the Save Our Sight Program is to ensure that children have good vision and healthy eyes. This is accomplished by providing funding to 501(c) organizations that offer vision services in all counties of the state. These organizations must have demonstrated experience in the delivery of vision services to implement and evaluate program objectives listed in Appendix D beginning on page 59 for each of the four components.

### **Program Expectations**

All funded agencies must adhere to the RFS and their approved grant applications as well as the Ohio Grants Administration Policies & Procedures (OGAPP) OGAPP Manual. (To access the GAPP Manual, go to the ODH web site and type in OGAPP Manual.)

<http://www.odh.ohio.gov/about/grants/grants.aspx>

### **Funding**

Applicants for the Save Our Sight Program may apply for up to four components: Ohio Amblyope Registry, Protective Eyewear, Vision Health and Safety Education and Vision Screening Training. Only one successful applicant will be awarded per component.

- Eligible agencies may apply for up to \$400,000 for the Ohio Amblyope Registry component.
- Eligible agencies may apply for up to \$525,000 for the Vision Health and Safety component.
- Eligible agencies may apply for up to \$525,000 for the Vision Screening Training component.
- Eligible agencies may apply for up to \$550,000 for the Protective Eyewear component. A match of 10 % is required for the Protective Eyewear component portion of this grant for the purchase cost of protective eyewear. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

### **Notice of Intent to Apply for Funding (NOIAF) & GMIS Training Form**

The NOIAF must be submitted by Tuesday, February 16, 2016 to Allyson Van Horn by email or fax 614.728.6793.

Applications must be submitted via the Grants Management Information System (GMIS) 2.0 prior to the deadline of Monday, March 7, 2016 at 4:00 p.m..

Agencies that are not currently ODH sub recipients must attend GMIS 2.0 training and submit the training request form to [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov) ; see the RFS, Appendix B, page 35, for the GMIS 2.0 training form, which is due Tuesday, February 16, 2016

### **Budget and Project Narratives**

Client incentives and client enablers are unallowable costs.

The Budget justification should be presented as the budget justification example is in GMIS. Budget justification line items must be in the same order as in the GMIS budget.

Personnel, Other Direct Costs, Equipment and Contracts etc. : Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2016 to June 30, 2017.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> 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.

The methodology should be completed in Attachment 1, page 18, Save Our Sight Program Plan to detail the methodology for the component (s) selected.

The budget narrative and project narrative should correspond and meet the requirements of the RFS. The budget narrative is for one year beginning July 1, 2016 and ending June 30, 2017. The project narrative should correspond with the methodology outlined within Attachment 1, Save Our Sight program plan.

Submit application according to the requirements outlined in section AC of Part I, **Submission of Application**, page 12.

Appendix C, beginning on page 36, the Application Review Form, is available as a reference for each component. Reviewers will use this tool to score the applications.

The Outcomes Grid, Appendix E on page 71, is a sample of the form submitted for quarterly grant reporting or monthly grant reporting. ODH will work with the successful sub recipient agency to determine measures that are realistic/obtainable, meaningful, specific and measurable and that relate directly to proposal and RFS objectives.

### **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.

Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH. This is done by checking the reimbursement type on the attached NOIAF. Please note that no

changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipients that select monthly reimbursements must also provide program reports on a monthly basis. Subrecipients that select quarterly reimbursements must also provide program reports on a quarterly basis.

#### **Public Health Accreditation Board (PHAB) Standard(s):**

This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness, and 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences. )

#### **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, 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.

#### **Incorporation of Strategies to Eliminate Health Inequities**

- 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) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.

- 3) Explain how proposed program interventions will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. Strategies listed within each component will identify the appropriate GMIS Health Equity Module to select depending upon component selection.

Appendix F, County Population Below 200% Poverty Map, on page 75 identifies areas of need for those who are economically vulnerable and underserved by the Save Our Sight Program. Other counties have been specifically identified within the Goals, Strategies and Objectives to ensure the provision of services for certain components.

### **Deadline Reminders**

To apply, The NOIAF must be submitted by Tuesday, February 16, 2016 to Allyson Van Horn by email or fax 614.728.6793.

GMIS Training Request form to [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov) by Tuesday, February 16, 2016.

Submit application according to the requirements outlined within the RFS by 4:00 p.m. on Monday, March 7, 2016.

Appendix C, beginning on page 36, the Application Review Form, is available as a reference for each component. Reviewers will use this tool to score the applications.

Visit SOS website for more information about SOS and visit the ODH web site link to access the RFS.

### **Questions**

1. Can you provide definitions for Summative evaluation, Evidence-Based evaluation and Research based from page 24?

ODH Response:

Summative evaluation refers to the assessment of participants where the focus is on the outcome of a program. This contrasts with formative assessment, which summarizes the participants development at a particular time.

Evidence-Based is based upon clinical expertise/expert opinion and/or external scientific evidence, and/or client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve. Outcome is documented in data collected.

Research-based: based in research either published in peer-reviewed journal articles or the approaches to learning are based in research published in peer-reviewed journal articles.

2. Can you clarify from page 28 1a and 1b is it 5 screeners from each identified county or 5 total screeners?

ODH Response: There would need to be five screeners trained from each identified county in year one. There would need to be five screeners trained from each identified county in year two. There would need to be five screeners trained from each identified county in year three.

3. According to the RFP the “access to the application via the Internet website “ODH Application Gateway” can be established” Does GSU open up the grants in GMIS so we can start working on them or am I able to pick from the drop down menus on SFY 17?

ODH response: GMIS access occurs after the due date of the NOIAF.

4. Page 11 of the RFS says that client incentives and client enablers are not allowed. Can you define what those would be?

ODH response: Enablers may include but are not limited to temporary housing (rent, hotel), utility payments, gas cards, reasonably priced appliances and groceries. Incentives may include but are not limited to gift cards to various stores

5. There are two clear objectives for the Vision Health and Safety grant: 85,000 in traditional classroom settings, and 5,000 in non-traditional classroom settings. Under both objectives it states that these programs need to be implemented in all counties of the state. Does that mean that we need to have both a traditional classroom presentation and a non-traditional presentation in all 88 counties? Or is it that we need to have either a traditional or non-traditional presentation in all 88 counties?

ODH Response: This is a three year grant cycle and the expectation is that during the three year grant period that children from all 88 counties receive vision education. It does not have to occur in the first year but rather by the end of the three year grant cycle. To clarify, both traditional and non-traditional formats are required to be conducted in all 88 counties during the three year period. This can be one or the other as long as the curriculum is presented in each county. The purpose is to, regardless of format, provide vision education in every county.

6. On page 6 of the RFS it lists a website under letter “M” about health equity. That website is not working. Is there somewhere else that I can find the Health Equity Module goals and strategies that we are supposed to choose from?

ODH response: The Health Equity Module goals and strategies are listed in GMIS. Listed within the goals, objectives and strategies of the Request For Solicitation (RFS) state which goal is most appropriate for certain strategies. Not all strategies will have a health equity module goal/strategy.

7. Does all paperwork (the Proof of Non-Profit status, Proof of Liability Coverage, W-9, EFT or Vendor Information Form) need to be included when submitting the NOIAF if you are an existing sub grantee?

ODH response: Include all paperwork listed on the NOIAF. This is listed and includes the Proof of Non-Profit status, Proof of Liability Coverage, W-9, EFT or Vendor Information Form.

8. It is reported in the ODH GSU ODC Definitions (effective February 1, 2016) document posted in GMIS 1/29/2016, the EDUCATION MATERIAL should not be used and placed under SUPPLIES. However, in the Budget justification example (effective January 1, 2016) posted in GMIS 12/29/2015, EDUCATION MATERIAL is used in the ODC section as a separate entity; not under SUPPLIES. This is confusing. Similar problem are encountered with AUDIT FEES, BACKGROUND CHECK, CLIENT ENABLERS, CLIENT INCENTIVES, EQUIPMENT MAINTENANCE, POSTAGE, RENT and TRAINING.

ODH response: Follow the most recent guidance from ODH GSU Definitions effective February 1, 2016 in regards to educational materials should be placed under supplies.

9. In the Budget justification example (effective January 1, 2016) posted in GMIS 12/29/2015, there is no example section in the ODC section for MAINTENANCE/LEASE, FACILITY COSTS and FEES.

ODH response: Follow the most recent guidance from ODH GSU Definitions effective February 1, 2016 in regards to placing maintenance/lease, facility costs and fees in the ODC section.

10. Can you provide a definition of Evidence based from page 55?

ODH Response: Evidence-Based is based upon clinical expertise/expert opinion and/or external scientific evidence, and/or client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve. Outcome is documented in data collected.