

Minority Health Month 2017



Ohio Commission on Minority Health
Technical Assistance Session

Background on Minority Health Month

Minority Health Month was created in Ohio in 1989

In 2000
Minority Health Month became a national event

Minority Health Month is a 30-day Wellness Campaign held in April of each year throughout the State

The Ohio Commission on Minority Health is mandated by law to serve African Americans, Asians, Hispanic/Latinos & Native American Indians, however, all those attending an event regardless of race/ethnicity will be served as all Commission events are FREE and open to the public



Eligibility

Copy of the Agency 501(c)(3) Letter

Public or private non-profit community based organization

- 501 (c)(3) non-profit status and a copy of your IRS letter must be sent with the application
- Even if previously funded, proof of 501(c)(3) must be submitted each year



Eligibility

Agencies also must be in GOOD STANDING with the State of Ohio Auditor's Office

The Ohio Revised Code (O.R.C.) Section 9.24, prohibits the State from awarding a contract to any offeror(s) against whom the Auditor of State has issued a finding for recovery if the finding for recovery is “unresolved” at the time of the award. By submitting a proposal, offeror warrants that it is not now, and will not become a subject of “unresolved” finding for recovery under O.R.C. 9.24, prior to the award of any contract arising out of this RFP, without notifying the Commission of such finding.

Additionally, it is the policy of the Commission not to award a grant or contract to any offeror that is subject to unresolved findings, debts or monies owed to any other State or Federal governmental entity. By submitting a proposal, offeror warrants that it is now, and will not become, subject to unresolved findings, debts or monies owed to any State or Federal governmental entity, without notifying the Commission of such finding. Failure to comply with this requirement will be considered a violation of the terms and conditions of the grant or contract.

<http://www.auditor.state.oh.us>



Compliance Guidelines

W-9 Form Issued
by IRS (Use most recent IRS W-9)

Rehabilitation Act

Civil Rights Act

Receipt of Acceptance

All forms must be completed and signed by Executive Director



Funding

Maximum
up to \$3,000

- All agencies must provide a minimum of 2 separate events on two different days.
- All funded events must be participatory, interactive in nature and be designed to teach and transfer skills or knowledge through an experientially-based “hands-on” approach.
- All events should be culturally and linguistically appropriate.



General Program Guidelines

All events have
to be
scheduled
during April
2017

Events must provide a transference of
knowledge or skill set focused on health
promotion and disease prevention

Events must target a specific audience (i.e.,
race/ethnicity, age and/or gender) but open to
all appropriate participants regardless of race/
ethnicity

If your event must be rescheduled the grantee is required to inform the Commission immediately. Failure to notify the Commission of program content, location and date changes may jeopardize your agency's funding. The grantee is also responsible for notifying the public of all changes.



General Program Guidelines

An Event Within an Event

- Generally not allowed
- Exceptions will be considered on a case by case basis



General Program Guidelines

Set realistic
dates &
times

Choose an
activity
name &
description

Choose
location that
is
accessible
by target
population

Utilize the
community
network in
planning
process



Food Guidelines

- Refreshments, sit-down meals, or catering services are not reimbursable under this grant.
- Events that include food demonstrations must be accompanied by transference of knowledge (i.e. handouts, recipe cards, cookbook, etc.) and client participation.
- Events must demonstrate an increase knowledge, transference of skills through hands-on cooking demonstration
- Events must be lead by an RD/LD.



Measurable Outcomes

of people attending & transference of skill

of people screened

of abnormal findings reported by race & ethnicity

If screenings are conducted, provide the Commission with a plan on how abnormal screenings will be referred to a health care provider

Plan Ahead of Time!!!!



Program Marketing

Pre-approval and Acknowledgement

- Flyers, media, audio/visuals and translated materials must be pre-approved by the Commission before February 28, 2017.
- Flyers, agendas, brochures and pre-approved materials must acknowledge the Commission as a funding source with **one** of the following citations:

Funded by the Ohio Commission on Minority Health (or) utilize the seal of the Ohio Commission on Minority Health.

- The seal may be emailed to you upon request and is available on our website under the “Current Grantees” heading.

Signage & Banners

- Should be of high quality and visible
- Should **not** be dated to afford the option of reusing in the future
- http://medicalcenter.osu.edu/patientcare/interpreter_services/Pages/index.aspx



General Fiscal Guidelines

- **Note: A partial payment can be requested if an agency can demonstrate financial hardship.**

NOTE: This is a reimbursable grant, payment will be processed upon receipt of final report with proper receipts and supporting documents.



General Fiscal Guidelines

- **Funding Period:** October 1, 2016 to April 30, 2017
- Administrative Cost can be charged up to 15% of actual expenditures
 - **i.e., If the submitted budget is for \$3,000.00, the administrative cost will be up to \$450.00**
- The budget and narrative should support the proposed activities
 - The narrative must be clear, detailed and not to exceed amount requested
 - The budget narrative must be itemize and provide unit cost



General Fiscal Guidelines

Disallowed Expenses:

- Rental of agency's own space, self purchasing of goods, services or educational materials/supplies
- Out-of-state travel/personal cars/drivers
- Travel reimbursement for bilingual community liaisons/community health workers/interpreters
- Ink cartridges
- Interpreters fees that exceed 10% of the budget
- Any food items that are not part of an approved food demonstration per RFP Guidelines
- Wi-games and/or other high priced electronic games



General Fiscal Guidelines

Disallowed Expenses cont.

- Sales of any type are NOT allowed at any Commission funded event.
- Insurance, fines, penalties, overdraft charges or security.
- Items purchased prior to grant award date.
- Purchase of equipment.
- Items purchased after April 30, 2017.



General Fiscal Guidelines

Community development corporations who plan to rent space from the affiliated faith based organization must submit:

1. Verification that costs are reasonable and customary; and
2. The facility is adequately equipped compared to other venues including cost



Budget Forms

Must include the following:

- Agency Name
- Executive Director
- Contact Person
- Telephone Number
- Federal Tax I.D. Number
- Original signature of the Executive Director and Fiscal Officer



Column A

Column A - Budget Category

Attach Budget Narrative/Justification (specific categories only, narrative should provide detailed line item amounts)

Personnel (specify and itemize)

- Assistant Director

1. Speakers (specify and itemize)

- Diabetes Educator
- Exercise Instructor
- RD/LD

1. Rentals (specify and itemize)

- Gleeks' Recreation Center

1. Program Supplies, contracts & Other (itemize)

- Printing/Promotional
- Glucose Screenings
- CRP Training
- T-shirts
- Incentives
- Postage

1. Administrative Cost (itemize)

- **(cannot to exceed 15%)**
- Telephone, fax, etc.

1. Total Commission Cost
(cannot exceed \$3,000)



Column B

Column B - List Commission costs only

- \$ 450.00

- \$ 100.00

- \$ 175.00

- \$ 225.00

- \$ 200.00

- \$ 626.59

- \$ 247.50

- \$ 505.91

- \$ 61.00

- \$ 115.00

- \$ 44.00

- \$ 250.00

\$3,000.00



Budget Forms

- Budget Justification Narrative – Part II
- Should Include:
 - Agency Name
 - Executive Director
 - Contact Person
 - Telephone Number
 - Federal Tax I.D. Number
- Items listed on budget page Part I
- Cost per unit
- Part I and Part II should total the same amount
- See attached sample budget



Budget Forms

MINORITY HEALTH MONTH BUDGET-PART II

Amount Requested from Commission Only

(See reverse side for instructions)

(Attach copy of 501 (C) (3) letter)

Agency Name: Just Us Dance, Inc. MHM 2016 - XX
Executive Director: Janie Can Dance Contact Person: Tom Can Move
Federal Tax I.D. Number 51-000000 Phone: (614) 242.XXXX

Personnel: **\$450.00**

- Assistant Director 15 hours @ \$30

Speakers: **\$500.00**

- Diabetes Educator 2 hours @ \$100.00
- Exercise Instructor 2 hours @ \$175.00
- RD/LD 2 hours @ \$225.00

Rentals: **\$200.00**

- Gleeks' Recreation Center 2 days @ 100.00

Program Supplies, contracts & Other: **\$1600.00**

- Printing/Promotional 100 posters @ \$6.26 = \$626.59
- Glucose Screenings 100 tests @ \$24.75 = \$247.50
- CRP Training 100 people @ \$55.59 = \$555.91
- T-shirts 100 Adult Large @ \$.61 = \$61.00
- Incentives 100 health kits @ \$1.15 = \$115.00
- Postage 100 stamps @ \$.44 = \$44.00

Administrative Costs: **\$250.00**

- Telephone and fax 6 months @ \$250
- **TOTAL** \$3,000.00



MINORITY HEALTH MONTH BUDGET-PART 1
Amount Requested from Commission Only (See
 reverse side for instructions)
 (Attach copy of 501 (C) (3) letter)

Agency Name: Just Us Dance, Inc. MHM 2017 - _____
 Executive Director: Janie Can Dance Primary Contact Person: Tom Can Move
 Federal Tax I.D. Number 51-000000 Phone: (614) 242-1212

Column A - Budget Category Attach Budget Narrative/Justification <small>(specific categories only, narrative should provide detailed line item amounts)</small>	Column B - List Commission costs only
1. Personnel (specify and itemize) <small>Not to exceed 15%</small> Sally Smith	\$100.00
2. Speakers (specify and itemize) Dance Educator Exercise Instructor RD/LD	\$100.00 150.00 220.00
3. Rentals (specify and itemize) Gleeks' Recreation Center	\$600.00
4. Program Supplies, Contracts and Other (itemize) T-shirts Gleeks CDs T-shirts Flyers 5. Administrative (Not to exceed 15%) Telephone and Fax	\$75.00 \$20.50 \$55.25 \$11.00 \$ 35.00 \$44.00 125.00
6. Total Commission Cost (cannot exceed \$3,000)	\$3,000.00

By signing below, we certify that at least 20% of our funds are from sources other than the Ohio Commission on Minority Health. The Commission reserves the right to evaluate and/or document the sources of funds. In addition, we certify that the information contained in this proposal is, to the best of our knowledge, correct and reflective of the accounting and program records of the agency.

Executive Director (Blue Ink) _____ Date _____ Fiscal Officer (Blue Ink) _____ Date _____

Must bear original signatures
DO NOT WRITE BELOW THIS LINE

- Disapproved in full Approved as submitted
 Approved with conditions:

 Angela C. Dawson, Executive Director

 Date



**This form must be signed by the
 Executive Director and Fiscal Officer**

**NOTE: Do not alter or modify
 form. Only this form will be accepted.**



BUDGET JUSTIFICATION/NARRATIVE-PART II

(THIS PAGE IS MANDATORY AND MUST BE COMPLETED IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE)

Agency Name: Just Us Dance, Inc. MHM 2017 -

Executive Director: Janie Can Dance Primary Contact Person: Tom Can Move

Federal Tax I.D. Number 51-000000 Phone: (614) 242-1212

Personnel (specify and itemize.) Cannot exceed 15%

Assistant Director 7.5 hours x 2 events @ \$30 = \$450

Speakers: Include a copy of the resume for all speakers, registered dieticians, consultants and contracted individuals, if available at time of grant submission. If not available, this must be submitted if the grant is awarded, by the same due date of the Agreement of Terms.

Diabetes Educator 1hr X 2 events @ \$50 = \$100
Exercise Instructor 1hr X 2 event @ \$87.50 = \$175.00
RD/LD 1 hour X 2 events @ \$112.50 = \$225.00

Rentals:

Gleeks Recreation Center 1 day X 2 events @100 = 200.00

Program Supplies:

Printing 100 posters @ \$6.26 = \$626.59
Glucose 100 tests @ \$24.75 = \$247.50
CPR 100 people @ \$55.59 = \$555.91
T-Shirts 100 Adult Large @ \$.61 = \$61.00
Incentives 100 health kits @ \$1.15 = \$115.00
Postage 100 stamps @ \$.44 = \$44.00

Administrative (Not to exceed 15%)

Telephone and fax \$250

Signature _____ Date _____

(Blue Ink)



INSTRUCTIONS FOR COMPLETION OF THE BUDGET FORM

- Agency Name: Insert the legal name of your agency. It must match the name on the 501(c)(3).
- MHM 2017 - ____ : A number will be assigned to the Minority Health Month application when it arrives in the Commission office. The agency must use this number on all budget forms and correspondence with the Commission.
- Executive Director: Insert the name of the Chief Executive Officer of the applicant agency and official title.
- Contact Person: The name of the person who has day-to-day responsibility for the Minority Health Month project.
- Federal Tax I.D. Number: This number is provided to your organization by the Internal Revenue Service. The number is used for reporting income received by your organization to the IRS. This number may or may not be the same as your 501 (C) (3) number depending on the holder of this exempt certification. This number may also be called Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- Phone: Applicant should give the number of the contact person(s) during normal business hours, if different from agency's telephone number.
- Budget Category:
- Speakers
- Column A: Identify each speaker (by name and topic) whose speaking fee will be paid by the Commission.
- Column B: Identify the amount of the speaking fee being charged to the Commission (the Commission may approve in full or part).
- Rentals
- Column A: Specify each rented item with unit cost charged to the Commission (rental of chairs, tables, rooms, etc.). e.g. 50 chairs at \$.80/chair.
- Column B: Specify the cost of each rented item being charged to the Commission.
- Supplies, Contracts & Other
- Column A: Make a list of all supplies (e.g. staples, pencils, paper goods, etc.) with unit costs, and contracts (video service, printing, etc.).
- Column B: Identify the cost of each product or service to be purchased.
- Administrative Cost
- Column A: Specify the line item.
- Column B: Enter cost, not to exceed 15% of program budgeted amount (if program activities only add up to \$1,700 the total amount charged for administrative cost may not exceed \$255).
- Total Commission Cost: Add up the dollar amounts in Column B. This determines the Commission share of your Minority Health Month event. **Note: Total Commission cost cannot exceed up to \$3,000.00.**
-  Executive Director: The budget form must be signed (original signature) by the Chief Executive Officer of the applicant agency. The budget cannot be approved if this line is blank or signed by someone else. The Executive Director may not sign off as the fiscal officer. Signatures must show segregation of duties.
- Fiscal Officer: The budget form must be signed (original signature) by the Fiscal Officer of the applicant Agency. This individual cannot be related or married to the Executive Director.



INSTRUCTIONS FOR COMPLETION OF THE BUDGET FORM

ADMINISTRATIVE COST: Not to exceed 15% of requested amount. Including Personnel this amount may be based on awarded amount when your revised budget is submitted.

PERSONNEL COSTS/SPEAKER(S) FEES: List the anticipated number of speakers and/or topics and the rate of reimbursement for each speaker. The Commission will not reimburse fees or travel for out-of-state speakers unless prior approval is received. (Include resume, curriculum, vitae, etc.) The Commission encourages grantees to pursue usual and customary speaker fees. Itemize personnel costs charged to grant. Personnel costs can not exceed 15%.

RENTAL (equipment, space, etc.): All items to be rented must be listed. State the duration and cost of rental per item. Rental agreements may be required if the project is selected for funding. Itemize and provide the unit costs for the items to be rented. (You may not rent space from yourself).

SUPPLIES, CONTRACTS AND OTHER: For purposes of Commission funds, supplies consist of expendable property items which have a useful product life of one year or less and are necessary for the event (staples, scissors, paper, pens, etc.) Itemize and provide the unit costs for the goods and services in this category. Incentives may not exceed 10% of requested amount.

PRINTING: Includes typesetting, actual printing or photocopying of material which is completed by a commercial printing company. Included also are costs for pamphlets, brochures and flyers. (Please itemize). Internal photocopying which is not documented with an invoice or receipt should not be charged to this grant. Quantities should be justified based on the number of people to be served by this project.

ADVERTISING: Specify medium of advertisement, e.g., TV, radio, newspapers, etc. Provide unit costs.

CONTRACTS: Contract personnel are individuals hired to work on the project but who are not regular, salaried or hourly employees of the grantee agency. The contract line item requires supporting documentation in the form of a photocopy of the contract (or draft of a contract) between the agency for the Commission-funded project and the contractor(s). At a minimum, the contract must include the following information:

- effective time period of the contract including beginning and ending dates;
- hourly rate of compensation;
- total dollar amount of compensation for the grant period pending approval of work;
- specific services provided to the project by the contractor(s);
- a termination clause which allows the agency or contractor(s) to serve notice that the contract may be ended, if necessary, prior to the effective ending date of the contract; and
- signature of the contractor(s) and the agency's appointing authority will be required on final contracts.

HEALTH SCREENINGS: Provide contract from a healthcare provider who will provide health screenings at your event. The contract should estimate the total number of health screenings to get a total amount you are requesting from the Commission i.e., unit cost (nurse time + cost of medical supplies) X total number to be served.

The unit cost is equal to nurse time and medical supplies. Reimbursement will be based on total number of participants screened.

FOOD/REFRESHMENTS: Food and refreshments are not reimbursable under this grant unless part of a food demonstration. Events that include food demonstrations must be accompanied by transference of knowledge (i.e., handouts, recipe cards, cookbooks, etc.) and client participation. A Registered Dietician/Licensed Dietitian (not a caterer) must approve and supervise such events. Food may not exceed more than 10% of requested amount.



General Program Guidelines

Once your grant is approved, it is considered a contract

- The scope of the grant cannot be changed.
- Your grant was approved by the board of the Commission as submitted. Any change that impacts the scope of your project will have to go to the Commission Board.
- Changes to the proposed activity must be submitted in writing to the Commission ASAP.
 - Changes must be approved by the Commission in writing.
 - **Failure to submit changes to the Commission prior to implementation may jeopardize grantee funding.**
 - If changes are made there must be a plan in place to notify the public of the change.



Grant Application Guidelines

Frequently asked questions and the grant application are available online at www.mih.ohio.gov, on the Grant Opportunities page.

- This application can be downloaded to your computer and filled in. You must have Adobe Reader to view and complete the application.
- Complete the Minority Health Month Checklist. Are all the required forms attached and signed?
- Hand-written, faxed, and emailed applications will not be accepted.
- Mail or hand-deliver an original and 3 copies to:
Ohio Commission on Minority Health
77 South High Street, 18th Floor
Columbus, Ohio 43215
www.mih.ohio.gov



Grant Application Deadline

MUST BE Received in Commission Office on:

July 22, 2016 by 5:00 p.m.

Deadline is **NOT** negotiable

Packages postmarked by July 22nd, but not received by July 22nd are **not** acceptable.

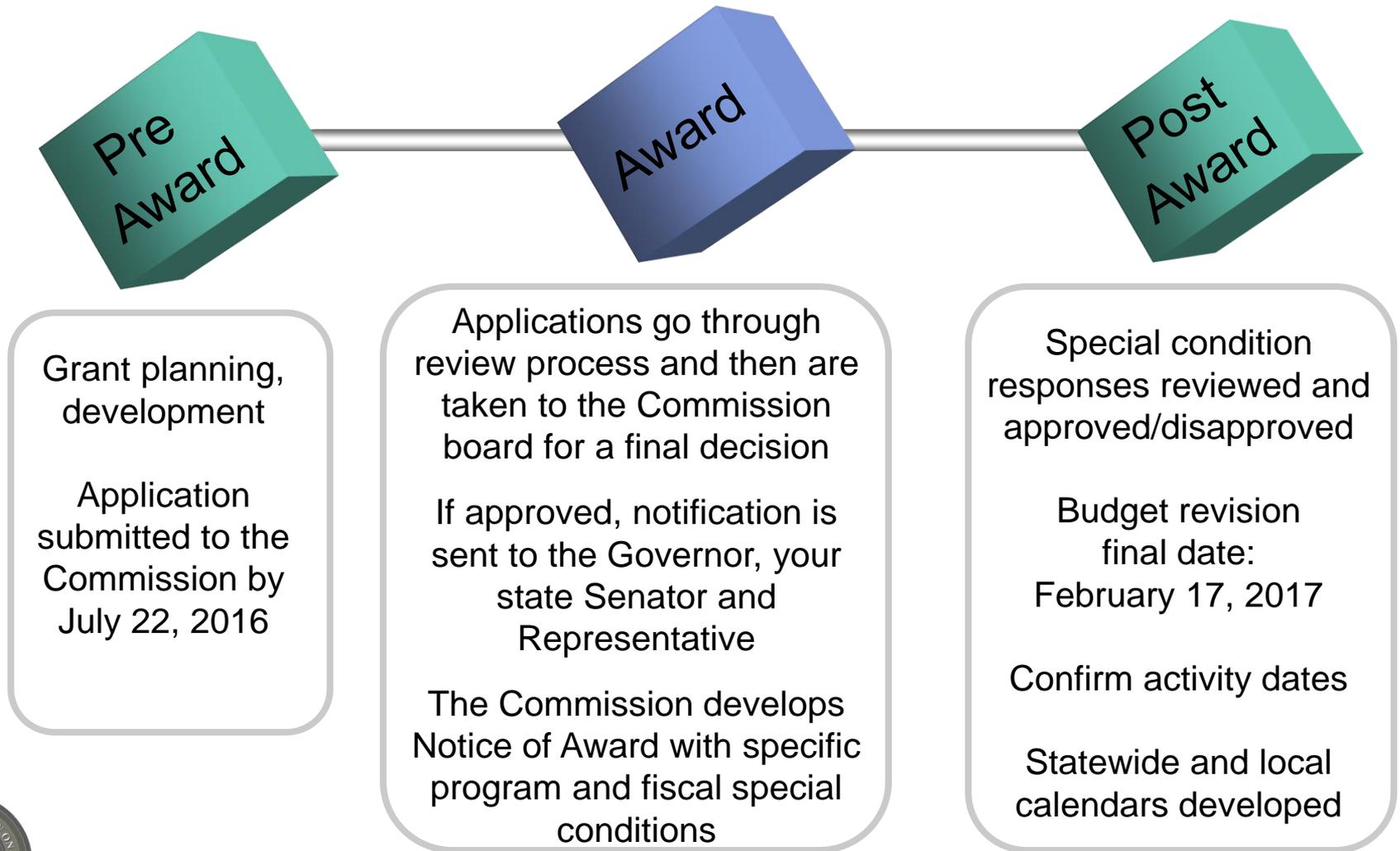
Submit the original application with original signatures and 3 copies.

- * **Use blue ink to verify original signatures.**



Phases of Grant Cycle

What to Expect



MHM 2017

THE GRANT APPLICATION



Minority Health Month 2017 RFP

John R. Kasich
GOVERNOR
Gregory L. Hall, MD
CHAIRPERSON



COMMISSION ON MINORITY HEALTH

77 South High Street, 18th Floor, Columbus, Ohio 43215
Phone: (614) 466-4000
Fax: (614) 752-9049
Website: <http://www.mnh.ohio.gov>
Email: mnhhealth@ocmh.state.oh.us

June 6, 2016

Re: Minority Health Month (MHM) 2017

Dear Colleagues:

The Ohio Commission on Minority Health announces the availability of funds to support Minority Health Month grants. Grant funds will not exceed \$3,000 per applicant agency.

It is with great pleasure that we provide the grant application packet for Minority Health Month (MHM) 2017. Created in Ohio in 1989, Minority Health Month has been replicated as a national celebration since 2000. While we believe that the phenomenal participation over the years exemplifies the continued importance of this 30 day campaign, please pay close attention to the aspects of planning and implementation including but not limited to:

- Assuring that while MHM is developed to reach minority communities, it serves all Ohioans;
- The requirement of two separate activities, held on separate days, per agency;
- Notifying the public of any changes in dates, locations of activities etc., after the closing date for the calendar of events is the sole responsibility of the grantee;
- Budgetary shifts without approval (budget revision) resulting in nonpayment; and
- New Requirement: Implementation of the Satisfaction Survey.

We suggest that you thoroughly read the application prior to preparing your application and that the person who will be responsible for implementing the program participate in a webinar (schedule included). This suggestion applies to new applicants and previous applicants of MHM.

You have our sincere appreciation for the services you provide to improve the health status of Ohioans. We look forward to your participation for Minority Health Month 2017.

Please note that regardless of the type of event and whether there are other sponsors, the Commission's interest is the promotion of good health. Therefore, food selection, activities, etc., whether funded with State dollars or not, must support this goal. The Commission will accept only ONE application per 501 (C) (3) agency.

The original grant application and three (3) copies must be received in the Commission office located at 77 S. High Street, 18th floor, no later than 5:00 pm on Friday, July 22, 2016.

Sincerely,

Angela C. Dawson

Angela C. Dawson
Executive Director

