

Demonstration Grant FY18-19 Program/Fiscal Frequently Asked Questions

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Program:

- 1. Our agency is a Minority Health Month (MHM) grantee. Do the two events we will already be conducting count as the required two MHM events?**

No. As a funded MHM Grantee, you must implement your grants as awarded as per your signed AOT. As per the RFP, if funded for the Demonstration grant, you would have to plan for and budget for two MHM events as a part of the Demonstration Grant application.

- 2. Can the management board be the same as the agency board, or does it have to be a different board?**

As per the RFP, the management board is not the same as your agency board. It is a diverse board that is convened to be an advisory board for your Commission funded grant.

- 3. Regarding the demonstration grants, can you clarify the role of the priority focus? We have a faculty member doing work in infant mortality, but she doesn't connect the topic with either of the priorities.**

As per page three, of the 2018 Demonstration Grant RFP, "Culturally relevant health promotion and disease prevention constitute the focus for this grant program. For state biennium 2018-19, the Commission has determined that grants designed to prevent Type 2 diabetes and cardiovascular disease will be considered for 2018/19 funding priorities."

Furthermore, and also found on page three of the 2018 Demonstration Grant RFP, Quality grants targeting the prevention of infant mortality (as in the case of your faculty member), certain cancers (breast, lung, mouth, throat and prostate), substance abuse, or violence will receive consideration. All grants must contain a lifestyle modification component to include diet, exercise, and screenings.

- 4. Are staff of the partner agencies considered as consultants?**

As per the RFP, yes. If the person who is contributing time for the proposed project is NOT an employee of the applicant agency, said person is considered a consultant.

- 5. Is the grantee required to obtain an A1C each quarter, for each participant?**

Yes, as per the RFP, it is required that each participant has a baseline A1C, and a quarterly A1C thereafter. Additionally, if the program is not designed to include an individual for two or more quarters, then the participant must have a baseline A1C at the beginning of their participation, and at their exit of the program at a minimum. This is to

allow for the documentation of the degree of change the participant has undergone as a result of participating in your program.

- 6. We have a component where the program is for adults and children. With children, would it be feasible to say we are obtaining a baseline for A1C participants and at the end of the 2nd quarter parents will obtain another A1C and at the end of the quarter if needed we will obtain A1C for all participants which include children and parents?**

As per the RFP, it is required that each participant has a baseline A1C, and a quarterly A1C thereafter. Additionally, if the program is not designed to include an individual for two or more quarters, then the participant must have a baseline A1C at the beginning of their participation, and another A1C at their exit of the program, at a minimum. This is to allow for the documentation of the degree of change the participant has undergone as a result of participating in your program, from one quarter to the next, or upon entering and exiting your program.

- 7. If a participants' A1C doesn't determine that they are pre-diabetic, can they enroll in the program based upon other risk factors that they may meet (high blood pressure and a BMI that considers them obese or morbid obese)?**

Yes. If a participants' A1C doesn't determine that they are pre-diabetic, they can enroll in the program based upon other risk factors that they may meet such as high blood pressure, and a BMI that determines them to be obese.

Please note, if a participant is found to have diabetes upon program registration, the participant is not eligible for this prevention based, diabetes, grant program. If the participant starts the program and is later found to be diabetic, then the grantee must refer the participant out of the grant funded program, and into their primary care provider, and/or into a community diabetes management program. At the point of referring the diabetic participant out of the program, the former participant is no longer counted among current program participants for reporting purposes.

- 8. Do all clinical measures listed (A1C, BMI, knowledge, and physical activity) need to be included??**

Yes. As per the RFP, on the cover page, and as outlined in detail on page 7, once awarded, all grantees are required to collect baseline data, report on all measures quarterly and provide a quarterly comparison of all measures between quarters.

- 9. Would Housing Authority partnerships fall under the no supportive residential services rule? We are specifically thinking about adding additional services, not expanding current services.**

As per the RFP, the Commission will not consider funding for proposals which seek funding to support residential services. However, if the partnership is such that the applicant will provide Commission funded prevention services to the Housing Authority clients, that is an allowable partnership.

- 10. Would scaling an existing CDC-recognized Diabetes Prevention Program into new populations be an eligible activity?**

As per page three of the RFP, culturally relevant health promotion and disease prevention constitute the focus for this grant program. Behavior change resulting in improved health status and outcomes is the goal of Commission funded projects. Applicants must determine which program to use, so as to comprehensively address the education/elimination of known risk factors in program design.

11. Are 501(c)(4) agencies eligible to apply for this funding?

No. As per the RFP, eligible organizations must be a public or private organization which has a 501(c)(3) in the state of Ohio.

Fiscal:

- 1. The directions to Section II, Non-Personnel/Administrative costs, asks us to submit a copy of our lease if we are requesting rental expenses. I have written a lot of grants (federal, state, and local government) and have never been asked for a copy of a rental agreement. I just want to confirm that you require us to submit a copy of our lease.**

As per the RFP, we request a copy of the lease agreement for space that will be used for our grant program purposes. This is to ensure that we are charged only for the portion of the lease that is used for our grant program purposes.

- 2. Section IV, question 1 ("List all sources of agency funds."), how does this differ from question 2 ("List all sources of 3rd party funding.") Is question 1 referring to earned income, and question 2 referring to grants and contributions? For both questions, are they referring to ALL agency funding, or just to funding that will be used to support the proposed demonstration project?**

Section IV, question one refers to earned income and question two, refers to grants and contributions.

- 3. On Section VI, Staff Composition, is this only for the staff who will work on the demonstration project or for all agency staff?**

Section VI, Staff Composition, refers to the staff who will work on the demonstration project.

- 4. We are unclear as to the amount of funding that should be allocated to the Year 2 Audit. Is there a figure we should use?**

For year I, the amount of funding eligible to be charged to the grant for an audit is \$0. If funded for year II, the agency will have to determine how much of the audit costs it will request the Commission's funding to support.