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COMMISSION ON MINORITY HEALTH

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January 4, 2021

Re: MIH Demonstration Grant 2022

Dear Colleagues:

The Ohio Commission on Minority Health announces the availability of funding for the Demonstration Grant series (MIH) at the level of \$75,000 for State Fiscal Year 2022 (SFY22) to support demonstration grants focusing on the prevention of cancer, cardiovascular disease, diabetes, infant mortality, substance abuse and violence. **This is a competitive-bid process.** Due to the ongoing COVID-19 pandemic and the related State of Emergency restrictions all grantees must submit applications that comply with in-person service delivery restrictions and/or virtual program activities. For more information on Ohio's response to COVID-19, visit coronavirus.ohio.gov or call 1-833-4-ASK-ODH. All grants must contain mandatory clinical and non clinical measures as well as a lifestyle modification component to include diet, exercise and screenings that follow Governor DeWine's and the Centers for Disease Control and Prevention's COVID guidelines. This funding is dependent upon the approval of the 2022/2023 State of Ohio Biennial Budget.

APPLICATION PROCESS - Minority Health Grant Management (MHGM) System

All applications must be submitted in the electronic MHGM system. This will allow for application submission and grant reporting. Please note that we recommend using Google Chrome to access the MHGM system.

Pre-recorded technical assistance sessions on how to access, register and complete a grant application as well as RFP technical assistance are available on the Commission website at www.mih.ohio.gov on the Grant Opportunities page.

All grant applications must be submitted in the MHGM system to be considered for funding. In addition, if selected for funding, approved applicants will also submit all quarterly, annual, fiscal and evaluation reports in the MHGM system.

We strongly encourage you to: 1) Read the Request for Proposal; 2) Read the MHGM Applicant User Guide; 3) Listen to the pre-recorded MHGM system Technical Assistance session; 4) participate in the Commission Grant Application Technical Assistance webinars for this grant type and 5) Read the REEP Guidance on Evaluation Measures to determine what clinical measures must be recorded and reported quarterly.

Given that this is a new system, for some applicants, we strongly advise that you allow sufficient time to allow any questions you may have to be submitted via email and responded to prior to the application deadline. Typically, responses are posted within 1-2 business days of receipt. Please send questions to minhealth@mih.ohio.gov.

Please note, technical assistance questions will not be answered over weekends or on holidays prior to submission. Questions posed over each weekend or on holidays prior to submission will be answered the next business day. Therefore, please submit questions in a timely manner, as described earlier.

Staff are only permitted to answer questions via email during open rounds of funding. Please send questions via email to minhealth@mih.ohio.gov. Once answered, all questions and answers will be provided to the requester and also placed on the RFPs corresponding frequently asked questions document.

The deadline for submission for this funding opportunity in the MHGM system is 11:59 pm, Friday, February 12, 2021.

Sincerely,

Angela C. Dawson

Angela C. Dawson
Executive Director

**Ohio Commission on Minority Health
Request for Proposals
Fiscal Years 2022-23
Demonstration Grant**

BACKGROUND

In February 1986, the Governor's Task Force on Black and Minority Health was appointed to determine the reasons why a disparity existed between the health status of minority and non-minority Ohioans and to recommend methods to remediate the disparity. In April 1987, the Task Force issued a final report which included 12 recommendations. The twelfth recommendation called for the establishment of a Commission on Minority Health to implement the Task Force's recommendations.

The Commission was established by Amended Substitute House Bill 171 and commenced operation on July 1, 1987. The Commission is interested in funding projects which are innovative, culturally sensitive and specific in their approach toward reduction of the incidence and severity of those diseases or conditions which are responsible for excess morbidity and mortality in minority populations. Health promotion and disease prevention activities will constitute the primary focus of projects funded by the Commission during FY 2022-23.

INTRODUCTION

The Ohio Commission on Minority Health announces the availability of funds for grants not to exceed up to \$75,000 per year. Applicants can only apply for up to \$75,000 in FY22 and only one application is allowed per agency. If applicants satisfactorily achieve established goals during FY22, they will be able to apply for continuation funding in FY23. Amended Substitute House Bill 171 established Commission grants for the purpose of health promotion and prevention of disease among minority Ohioans who are economically disadvantaged. Minority groups are defined as African Americans, Hispanics, Native American Indians and Asians. Grants will be awarded on a competitive bid basis to community-based agencies organizations with valid and active 501(c)(3) designation and status, as per the Internal Revenue Service (IRS) website. Furthermore, a copy of the agency's IRS tax exempt certificate must be submitted at the time of application. Agencies using the tax exemption of a national parent organization must also submit a letter of authority to use the certificate of the national parent organization. The letter must be on original letterhead of the parent organization and it must bear the original signature of the CEO of the parent organization. Once signed, the letter must be uploaded into the MHGM system for submission with the organization's application.

This Request for Proposal solicits grant applications meeting the requirements set forth in Chapter 3704 of the Ohio Administrative Code. Applications will be accepted exclusively from agencies or institutions meeting the eligibility criteria established by the Commission on Minority Health.

ELIGIBILITY

Priority shall be given to grant applicants who develop services in accordance with the mission of the Commission. To receive consideration for funding, applicants must:

- Demonstrate that at least 20% of project funds are received from sources other than grants awarded by the Commission on Minority Health.
- Be a public or private organization which has a valid and active 501 (c)(3) designation and status at the time of application.
- Develop and establish a management board for the administration of the grant, composed of proportionate representation of the population to be served and submit the Board Composition form with the grant application.

- Provide services in close proximity to minority communities or include minority communities in their stated service area.
- Meet all licensure and certification requirements of the State of Ohio.
- Answer all questions listed on the Administrative Compliance form and upload the completed form into MHGM, in the project documentation section as well as
- Comply with all current and applicable laws, regulations, rules, and administrative guidelines of the Ohio Commission on Minority Health.

The following are ineligible for funding consideration:

- Individuals.
- Organizations that do not have a valid and active 501(c)(3) designation and status at the time of application.
- National organizations: local chapters or affiliates of national organizations may be eligible if they meet the definition of a "community-based health group".
- Organizations applying for the sole purpose of acquiring funds to supplement existing programs without any plan for enlarging their scope of work and
- Organizations in the process of creating or starting a "community-based health group" for the sole purpose of applying for grants from the Commission.

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 the 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 an "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.

PUBLIC RECORD NOTICE

It is expressly understood by the parties that the **Ohio Commission on Minority Health (OCMH)** is a public office and is subject to the Ohio Public Records Act, O.R.C. 149.43, et. seq. Upon receipt of a public records request, **OCMH** is required to provide prompt inspection or copies within a reasonable period of time of responsive records that **OCMH** determines, in its sole discretion, are public records subject to release.

If your organization chooses to not have what is considered a proprietary trade secret, they must complete the following statement and submit it to the Ohio Commission on Minority Health on your agency letterhead.

OCMH agrees not to disclose, without giving prior notice, any specific information that (organization) has previously identified as a proprietary trade secret. In the event that a person seeks that information through a public records request, OCMH will notify (organization) in the course of OCMH's legal review to give (organization) an opportunity to establish to the satisfaction of OCMH that the information constitutes a proprietary trade secret that is exempt from disclosure under the Public Records Act. If OCMH does not find that the information constitutes a proprietary trade secret, OCMH will notify (organization) of its intention to disclose the information in accordance with law. (Organization) may choose to seek appropriate legal action, including injunctive relief, to prevent disclosure of the information at issue.

CRITICAL ELEMENTS OF ACTIVITIES

Culturally relevant health promotion and disease prevention constitute the focus for this grant program. For state biennium 2022-23 the Commission has determined that grants designed to prevent cancer, cardiovascular disease, diabetes, infant mortality, substance abuse and violence will be considered for 2022-23 funding priorities. Behavior

change resulting in improved health status and outcomes is the goal of Commission funded projects. Therefore, grants that rely heavily on screening services exclusive of interventions for measurable behavior change will not receive high priority. **Applicants must comprehensively address the reduction and elimination of known risk factors in program design.**

All grants must recruit and retain a minimum of 100 participants. Grants targeting chronic diseases must contain a lifestyle modification component to include diet, exercise and screenings. In most cases, primary prevention activities will be given higher priority than secondary or tertiary plans. Grants targeting substance abuse and violence must contain lifestyle modifications as well as alternative drug free and violence free activities.

Attention should be paid to the **Method of Implementation** section under **Proposal Preparation** sections of the application. Applicants should clearly and succinctly, due to application text box character limits, delineate and explain the methodology that will be used to demonstrate measurable behavior change.

- **Priority will be given to grantees who are able to provide services to a proportionate number of individuals per fiscal year based on funding request. 100 participants must participate at a minimum.**
- In designing the proposal, it is important to note that the Commission is interested in new, innovative, culturally relevant program models.
- **Grantees must use measures that allow safe in person and or virtual program implementation that align with the directives as outlined by Governor DeWine and the Ohio Department of Health. For more information on Ohio's response to COVID-19, visit coronavirus.ohio.gov or call 1-833-4-ASK-ODH.**
- This program should not be viewed as a supplement to the agency or other systems.
- School based programs **must be budgeted and programmed for the entire 12 months** and cannot be limited to the school year (k – 12 or collegiate). If the applicant is funded in Year 2, they must plan for 12 months of programming.
- The Commission requires grants that propose service delivery in a school setting to also contain a community component involving all or some of the family unit of the school participants based on established criteria for inclusion.
- The Commission requires full pre/post evaluations of summer portions of a school-based program to include mandatory clinical measures. For more information, visit the Commission website at www.mih.ohio.gov. From the home page, scroll down to the current grantees box and click on the evaluation guidance link to consult the [Evaluation Guidance](#) for mandatory clinical measures.

MINORITY HEALTH MONTH PROGRAMMING REQUIREMENTS

All funded grantees must:

- Participate in the virtual OCMH Kick-Off activities for 2022/2023.
- Conduct a minimum of two separate, in person or virtual Minority Health Month events during April of 2022/2023.
- Submit MHM activity sheets, so the events can be included in the Commission's calendar of events.
- Submit MHM program and fiscal activity overview.

FUNDING

The Request for Proposals has a maximum funding ceiling of up to \$75,000 per year, per applicant agency for State Fiscal Years 2022/2023. **ONLY ONE APPLICATION WILL BE ACCEPTED PER AGENCY.** July 1, 2021 through June 30, 2022, constitutes the first funding period covered by this RFP **with an immediate startup required: this must be reflected in the recruiting, hiring of staff, in the first month and the immediate implementation of program activities no later than the 2nd month of the 1st Quarter of funding.**

IMPORTANT: This is a performance-based grant. The 2022 year of funding is non-competitive but is contingent on a change achieving a proportionate level of projected outcomes during the first year of funding and the availability of funds. The Commission reserves the right to terminate the grant prior to the second funding cycle if the project does not perform in accordance with stated measurable outcomes. For the second year, program activities must continue without gaps in services by providing program activities beginning July 1, 2022 – June 30, 2023.

The Commission **will not** consider funding for proposals:

- Which seek funding to support residential services.
- When treatment constitutes the primary service.
- Which request funds for the purpose of construction or renovation.
- To conduct research and/or studies independent of service delivery.
- Which are legislatively mandated and funded by other public dollars.
- Exclusively designed to conduct conferences or workshops.
- Agencies, previously funded by the Commission on a fiscal year or biennial grant award using the same model to continue service delivery; and
- Agencies, previously funded by the Commission on a fiscal year or biennial grant award, with a modified model that did not obtain at least 75% of cash funding of the original award from an external source.

APPLICATION DEADLINE and PROPOSAL PREPARATION

Applicants must submit their application in the electronic grants management system, known as the Minority Health Grants Management (MHGM) System. The grantee must provide all required documents to include the Civil Rights Act of 1964, Rehabilitation Act of 1973 and a signed IRS W-9 form. The Commission will not obtain documents on behalf of the grantee or utilize documents from previous funded Commission grants.

All applications must be submitted in the MHGM system by 11:59 p.m., February 12, 2021. All applications submitted after the time of 11:59 PM, will be considered late and will not be reviewed. **All grant applications must be a complete (no missing requirements or signatures) and submitted in the MHGM system to be considered for funding.**

PLEASE BE AWARE: The submission of a technical assistance request regarding the application guidelines or the MHGM system during the application period will not change the application due date.

PLEASE NOTE: HAND DELIVERED, FAXED, EMAILED OR US MAILED APPLICATIONS WILL NOT BE ACCEPTED.

Pre-Recorded MHGM System - Technical Assistance Session

The Technical Assistance sessions to orient grantees to the new MHGM system is available on the Commission website at www.mih.ohio.gov on the Grant Opportunities page.

Grant Application Details – Technical Assistance Sessions

The Grant Application Overview webinar is available on the Commission website at www.mih.ohio.gov on the Grant Opportunities page.

PROPOSAL PREPARATION

Proposals that do not provide all of the requested information, or do not meet all the requirements specified in the RFP, will be determined incomplete and will be disqualified. The Applicant User guide can be accessed on the Commission website at www.mih.ohio.gov.

Please refer to the table of contents of the Applicant User Guide general MHGM information to locate content regarding account creation, passwords, login and quick tips.

Responses to this RFP application should be prepared following the guidance described below.

IMPORTANT: Please gather all materials needed to complete and submit the application. If you are working in the system you won't get logged out. However, there is a countdown clock at the top of the page and when the timer goes under 5 minutes, and there has been no activity (typing, scrolling, etc.) a pop up will be displayed. The pop up will ask if you want to continue the session. If you are not at your desk when the pop up comes up the system will log you out. When you log back in, an indicator triangle will show up and ask if you want to retrieve your unsaved data.

1. **Face Sheet:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
2. **Organization Information:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide to locate the organization information section in the table of contents.
3. **Project Abstract:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
4. **Proposal Narrative:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
 - a. Health Areas to be Addressed
 - b. Demographics (Race, Ethnicity, Gender, Age Groups)
 - c. Description of the Applicant Agency
 - d. Problem Need Statement - In your response to these questions, be sure to provide a comprehensive narrative to describe the target area, target population, target area's problems, needs, supporting data and research as well as the agency's capacity to serve the target population.
 - e. Comparative Advantage Return on Investment
 - f. Elements of Sustainability
5. **Staff Description:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
 - a. Staff Demographics
 - b. Board/Advisory Group Demographics.
6. **Method of Implementation:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide. In your response to these questions, be sure to provide a comprehensive narrative describing the proposed activities that will be provided under this grant.
7. **Project Action Plan:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide. Applicants will complete this required section in the MHGM system under Project Action Plan (formally standardized goals and objectives) FY22. As a reminder, all **required** goals and objectives must be responded to. Optional objectives are not required. For instructions on how to complete this section please refer to your MHGM Applicant User Guide.

To this end, while completing the project action plan, the applicant must address each required goal and each required objective for the disease or condition on which the application will focus. For example, if diabetes is the disease on which an application will focus, one must consult the REEP Evaluation Guidance and look within the Diabetes prevention narrative to ensure that the application addresses all the specific required clinical and non-clinical measures for diabetes prevention.

Please remember, grantees are required to collect baseline data, report on all measures quarterly and must provide a quarterly comparison of all measures between quarters. The following are examples of several (not all) of the required comparison measures for a diabetes prevention program:

- a. How many individuals have been identified as pre-diabetic at program enrollment and have moved out of that status based on the A1C by the end of the quarter?
 - b. How many individuals have been identified as pre-diabetic at program enrollment and have moved out of that status based on the A1C year to date?
 - c. How many individuals have reduced their BMI by 10% from program enrollment to the end of the quarter?
 - d. How many individuals have reduced their BMI by 10% from program enrollment, year to date?
 - e. How many individuals have shown an increase in knowledge related to educational component by end of the quarter?
 - f. How many individuals have shown an increase in knowledge related to educational component by year to date?
 - g. How many individuals have shown an increase in physical activity related to exercise component by end of the quarter?
 - h. How many individuals have shown an increase in physical activity related to exercise component by year to date?
8. **Line Item Budget:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.

A. General Information:

- Enter the required budget information in the MHGM system. Be sure to include costs associated with developing and implementing your proposed demonstration grant. Instructions are included for each form as appropriate.
- Enter the budget narrative describing unit cost and itemization of each line item in the MHGM system.
- Enter the 20% required matching funds. Administrative Code 3704-2-02 states: ***"That at least twenty percent of applicant funds and/or resources are received from sources other than grants awarded by the Commission on Minority Health"***. In other words, the Commission cannot be the sole funding source of an agency. Please note, this 20% match is not required to be a cash match but can be in-kind resources.
- Specified line item costs are appropriate and reasonable/justifiable.
- Costs support direct client activities.
- All line items must be itemized and list unit cost for each requested expenditure.
- The Narrative should provide a detailed overview of the specific budget line item.
- Budget Appropriateness and Reasonableness. Please note **all line items need to be itemized and list unit costs. This should be detailed and reflect a per-hour or unit cost.**

Direct costs/Personnel /Fringe Benefits/Other – Instructions

- i. Only those employees in positions which provide direct client services are to be listed in the personnel section.
- ii. Do not list contractual personnel or consultants in this section. They should be entered in the Contractual section.
- iii. Provide the yearly salary budgeted for each position listed. The amount should be consistent with similar positions in the agency based on Full-Time Equivalency (FTE).
- iv. The total number of months of employment projected per position for this grant.
- v. Calculate the percent of time the employee will devote exclusively to the project under this grant; for example, a 40-hour per week agency employee who provides 20 hours of service on this project would be listed as 50%.
- vi. Provide a narrative on the employee's salary that will be funded by the Commission based on annual salary number of months on the project and the percentage of time on the project.

Example: 1) An employee with an annual salary of \$15,000 who works 12 months at 50% of his/her time would earn \$7,500 from Commission funds; 2) an employee with an annual salary of \$20,000 who works nine months at 25% of his/her time on the project would earn \$3,750 from the Commission.

- vii. If the agency pays one rate during a probationary period with an increase after probation, state budget assumptions on separate lines for each category and provide a narrative explanation.
- viii. Provide the detailed narrative for the fringe benefits to be charged to the grant for all positions listed in the budget.
- ix. Provide the percentage of employee fringe benefits.
- x. Where appropriate, match must be identified for each line item.

C. Travel

- i. **Only employees who implement and provide direct services detailed in the project proposal and included in the approved budget may be reimbursed for actual travel expenses.**
 - ii. Consultants may not charge travel to the grant under the travel category. Their travel must be included in the contract for reimbursement.
 - iii. State estimated number of miles that will be traveled and the rate at which payment would be made, not to exceed the State of Ohio of \$.45cents per mile. Example: 2,000 miles at \$.45cents = \$900.00
 - iv. Projected number of overnight lodgings, number of people involved and the rate per day/per person should be stated. Lodging rate per day/per person may not exceed the state rate of \$80.00 plus room tax (if applicable).
 - v. Meal expenses are allowable for dinner and breakfast when on an approved overnight stay, not to exceed \$27.00 per day with receipts for full days of travel preceded and followed by overnight stays.
 - vi. Out-of-state travel is a non-allowable cost under this grant.
 - vii. Fees for conferences/training sessions, when determined to be related to specific job-duties and/or responsibilities are reimbursable or allowable. Projected number of such sessions and costs should be stated.
- Travel cost (mileage, meals, and hotel accommodations) to attend the Awards Ceremony and Health Expo scheduled for March 2021 will NOT be allowable, as the ceremony will be virtual.

D. Equipment

Equipment is any tangible item having a useful life of one year or more which is purchased in whole or in part with Commission funds. Non- allowable costs include, but are not limited to, the following under this grant:

- DVD players/accessories
- Portable cameras
- Television
- Computers (laptops, tablets, notebooks, etc.)
- Ink Cartridges
- Typewriters
- Furniture (will provide state/federal salvage applications to successful grantees)
- Surcharge of Cell phones
- Vehicle purchases
- Reflotron machines
- Copiers
- Refrigerators
- Baby/infant seats, cribs, clothing, shoes
- Wii and other high-priced computer games or Fitbits
- Scales, blood pressure cuffs and other medical devices
- Cell Phones
- Projectors
- PPE (mask, ventilator's, gloves, cleaning supplies)

Leasing/rental of any of this equipment may be considered. The rate per month and the number of months for leasing/rental should be stated.

E. Supplies (Each item must have a cost per unit stated)

For purposes of Commission funds, supplies consist of expendable property items which have a useful product life of one year or less. Supplies include all tangible, expendable property other than equipment purchased with Commission funds. Equipment priced less than \$100 (e.g., staples, scissors, wastebaskets, paper, and pens) is considered office supplies.

Consistent with the Governor's Executive Order 2007-09S, "refreshments" are not reimbursable under this grant. (See Commission website at www.mih.ohio.gov to review this EO.)

Printing: Costs may include typesetting, actual printing or photocopying of the material which is completed by a commercial printing company. Included also are costs for pamphlets, brochures, and flyers. Provide the unit cost.

Contracts: Agreements for all sub-contracts must be submitted with the following being addressed: scope of service, beginning/ending date, hourly rate and total number of contract hours.

Advertising: Specify the media and cost of advertisement (e.g., 3 ads at \$50.00 per ad).

Evaluator: As indicated in the Proposal Preparation section, the internal evaluator must be selected from the approved list of REEP evaluators. A list of these evaluators is located on our website at www.mih.ohio.gov

Program Audit: If funded for Year II, agencies must include the cost for a program audit.

Minority Health Month: Agency must conduct two separate MHM events during April 2022.

Medication: Medication is NOT an allowable cost. The Commission funds prevention activities and expects grantees to serve participants to prevent chronic diseases and conditions.

Indirect Costs/Rent/Administrative/Maintenance/Repairs/Other: Total cost must not exceed 15% of the amount requested. Administrative costs can be **direct and/or indirect and must be itemized**. Below are types of administrative examples:

- 1) **Administrative charges**: salaries of support staff (administrators, secretaries, accountants). Provide the percentage of time on the project per line item and unit cost;
- 2) **Rental/space leasing**: space rental is an allowable cost. Space for which rental fees will be paid must meet the following requirements:
 - a. The number of months and the rate at which payment will be made should be stated;
 - b. When rent is shared among several programs, the amount charged to the Commission must not exceed the Commission's fair share. The agency must submit documentation of how the Commission's fair share was determined (e.g., if Commission-funded project uses 20% of the space, the Commission may be charged no more than 20% of the total rent);
 - c. Submit a copy of the lease which includes the building owner's name, location of the building, square footage, total amount of rent paid, terms of agreement, termination clause, signatures of lessee and lessor;
 - d. Approved rent is non-transferable from the original site to a new or relocated site.
 - e. Rent will not be approved for:
 - space which is paid for by another state/federal program or private grant;
 - space in buildings purchased with federal funds;
 - space donated to the applicant agency.
 - utilities: heat, water, electricity, etc.

9. **Project Documentation** - To complete this section in the MHGM system, refer to the Applicant User Guide. **Please note, items in MHGM that have an asterisk (*) beside them are mandatory upon submission of the grant.**

The project documentation area consists of a list of required documents that must be downloaded and uploaded into the MHGM system for submission with your application. For a list of mandatory downloads and a list of mandatory uploads, please consult the applicant user guide as instructed above.

Evaluation Plan

Please be advised that the evaluation plan must be uploaded into the Project Documentation section. As you write your evaluation plan, please note that projects must include indicators that document a change in 1) the required clinical measurement for the specific chronic disease or condition the applicant intended to address such as but not limited to A1C reduction, body weight reduction, blood pressure reduction, cholesterol level reduction, or other relevant clinical health measurements. In addition, all funded projects must also measure change in increased physical activity as well as knowledge, skills and awareness. Please refer to REEP Evaluation Guidance for a complete list of required clinical measures for the specific chronic disease or condition the applicant intended to address in its program and evaluation plan. The guidance can be found on our website at www.mih.ohio.gov, under the Current Grantees section at the bottom of the homepage.

Funded programs are responsible for contracting with vendors for the collection of clinical health measures directly or through partnerships. The quarterly collection of these measures is the ultimate responsibility of the funded project.

THIS DEMONSTRATION GRANT REQUIRES THE IMPLEMENTATION OF CLINICAL MEASURES PER THE EVALUATION GUIDANCE. This is not optional and must be a part of the evaluation section. Organizations must demonstrate the ability to implement quarterly clinical and non-clinical measures to evaluate program effectiveness as per grant RFP and REEP Evaluation guidelines.

PLEASE NOTE: Upon the establishment of the baseline measures, evaluation of objectives must occur on a quarterly basis. Please ensure that you build into your project action plan the collection of required participant data (clinical measures, feedback) on a quarterly basis to allow for the reporting of behavioral outcomes that aligns with OCMH's quarterly reporting schedule.

Organizations must also be able to report on degrees of change for all clinical measures on a quarterly basis. Reporting on degree of change will allow OCMH to see the direct impact the programs are making on participants and determine programmatic changes that may need to occur in implementation, participant education sessions, etc.

Clinical measure data analysis that shows the programmatic impact of the data should be reported on in every quarterly evaluation report. Once the project action plan is entered into and approved in the awarded grant, the project action plan will pre-populate in the quarterly reports section; to include data entry for numeric based objectives and narrative space for quantitative objectives. Please be mindful of character limits.

Additionally, for each objective not reached by the end of the quarter the grantee must report on a plan to achieve the objective in the upcoming quarter by in the comments box for the corresponding objective, in the quarterly report section of the MHGM.

NOTE: All Commission funded grantees are required to work with the Research and Evaluation Enhancement Program (REEP) of Wright State University in implementation of the evaluation of the project.

- The evaluator must be selected from an approved list of REEP evaluators.

All grantees must refer to the Evaluation Guidance Packet in preparing the proposed evaluation plan and required areas that must be measured.

- Visit our website for a complete list of approved evaluators and the guidance packet. www.mih.ohio.gov
- Grantees must comply with all clinical measures by disease/condition per evaluation guidance.
- Grantees targeting minor participants (children) must describe a through process to obtain parental consent for mandatory invasive and non-invasive clinical measures such as A1C and blood pressure measures. As well as non-clinical measures such as knowledge, awareness and attitudes.
- Program participants under 18 must have parental permission to participate in all areas of the program to include mandatory clinical measures and non-invasive clinical measures.
- The projected numbers for evaluation purposes must be based on those who both participate in educational programming as well as non-clinical and clinical measures.

Describe, in detail, the method(s) that will be used to determine whether the established goals and objectives are being met and whether the expected outcomes are being achieved. **Do not state in percentages.** Limiting your response to a statement such as, "we will hire an evaluator", will be considered non-responsive.

The evaluation plan should offer valid time-lined outcomes and effectiveness of the project. Evaluation procedures are qualitative, quantitative, document intervention, and assess the degree to which intended objectives are achieved by clients or the agency. Therefore, it is necessary for the agency to engage an evaluator from the beginning of the project through the end of the life of the project. An evaluator should be included in the project to assist the program director in designing client

assessment forms in order to retrieve demographics and baseline information and to measure behavioral changes. Applicants are strongly encouraged to contact an evaluator when developing the proposal.

Please NOTE: The Commission **will not** consider funding proposals to conduct research and/or studies independent of service delivery.

Institutional Review Board (IRB)

- For Grantees pursuing IRB approval, if you are working with an academic institution, your evaluator may be involved in a review process with the college or university's Institutional Review Board (IRB). It is important to keep in mind that the IRB process generally takes several weeks to complete and may add time to the start-up of the project. **However, submission of the IRB does NOT stop the program activities startup date of July 1, 2021. Program activities must begin on July 1, 2021. Please note, during the program year, data or Commission staff may suggest necessary program changes that must occur to help ensure program objectives are met or to ensure the program is operating within RFP guidelines. These changes may be required even with an IRB in place. Please have a contingency plan to continue programming as required while awaiting IRB approval.**
- The OCMH expects grantees to perform direct service within the first quarter of project funding. Therefore, it is recommended that you simultaneously apply for an IRB, when you apply for OCMH funding. If it is later determined that you will not use the IRB there will be no detriment to the OCMH funded project.
- **Signatures:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
- **Submit:** To complete this section access the application in the MHGM system and refer to the Applicant User Guide.
- Provide a brief narrative that describes the major tasks and activities planned for year 2 (should the continuation grant be funded) and how they will be accomplished. Make sure program activities will start in July 2021 and are ongoing without gaps in services.

PROPOSAL REVIEW / SELECTION

Responses to this RFP, which are determined to be complete and in compliance with the requirements of the Commission will be reviewed by teams following the general criteria listed below. A weighted system will be applied to the proposal criteria. The weighed system will not be shared with applicants.

The final selection process will involve a ranking system based on the weighted score, reflecting compliance with the proposal criteria. Grants will be awarded to the highest-ranking applicants who represent a combination of geographic, demographic, service delivery/program activity mix, targeted to ethnic/racial groups, and diseases and conditions identified by the Commission as identified in this RFP.

Proposal Scoring

(Items which are considered during the review of grant applications):

I. Service Area Design

- There is clear documentation of an access problem for health care or identification of a disproportionately at-risk population.
- Programs are directed at a clearly defined target population consistent with the Commission's definition of economically disadvantaged minorities.
- The need for the program is well documented.

II. Innovation and Impact

- The project is designed specifically for the proposed target population and includes measures to determine the acceptability of services to the community.
- The project will result in some measurable impact on the identified population.
- The applicant states expected health behavior outcome changes as a result of proposed interventions.

Program Design

- The applicant has demonstrated that cultural beliefs, attitudes and practices have been considered and included in designing the program.
- Barriers to service; i.e., availability, acceptability, language and cost have been considered, and appropriate recourse is included in the approach to the project.
- The problems to be addressed are clearly stated in specific rather than general terms, can be reasonably addressed during the grant period, and can be accomplished with the dollars available for the project.
- Program design should describe the clinical and non-clinical measure procedures that ensure data collection and reporting procedures.

III. Evaluation

- The applicant has a plan to measure required goals and required objectives per the evaluation guidance.
- The applicant has plans to establish baseline data for all clinical measures and collect and report participant data on a quarterly basis to determine behavior outcomes. To include a comparison of the degree of change between all clinical and non-clinical measures each quarter after baseline data is measured. Reporting on degree of change will allow OCMH to see the direct impact the programs are making on participants and determine programmatic changes that may need to occur in implementation, participant education sessions, etc.
- Applicant acknowledges that for each objective not reached by the end of the quarter the grantee must report on a plan to achieve the objective in the upcoming quarter.

IV. Budget Appropriateness and Reasonableness

- Administrative Code 3704-2-02 states: "*That at least twenty percent of applicant funds and/or resources are received from sources other than grants awarded by the Commission on Minority Health*". In other words, the Commission cannot be the sole funding source of an agency. This 20% should not be perceived as matching funds.
- Specified line item costs are appropriate and reasonable/justifiable.
- Costs support direct client activities.
- Grantees must build in and account for the projected cost for the collection of all clinical measures into the budget. Meaning that all grantees must submit a plan on how the clinical measures will be collected quarterly and the associated costs. Grantees may contract with an outside agency or include an existing staff member's time into the budget to obtain all required clinical and non-clinical measures.
- **Unit costs must be provided for all items listed/requested in the budget. This includes administrative costs as well.**

Grant Reporting/Participation Requirements

Prior to submitting this proposal, please be aware that there are grant reporting mechanisms and evaluation reports that are required to be submitted to the Commission on a quarterly basis if funded. Grants management is required by your agency to be responsible for submission of or participating in the following:

- The Acknowledgement of Terms (AOT) will be provided to grant recipients after the awarding of the grant. Failure to meet this requirement will result in forfeiture of the grant.

- All grant recipients must have a fully executed Acknowledgement of Terms (AOT), to include original signatures on the AOT as well as compliance with all identified program and all identified fiscal special conditions within 30 days of grant notice.
- Submission of Program and Fiscal quarterly reports (in MHGM) along with the Program Evaluation Report.
- Ensure Program Evaluator Reports are reviewed by assigned REEP Panel Members prior to submission (via upload) to the Commission.
- Funded applicants will be required to participate in the 2021 virtual MHM Kickoff Expo sponsored by the Commission scheduled for March 30, 2021. No travel or hotel accommodations will be allowable.
- Must implement two separate minority health month activities during Minority Health Month in April.
- Cannot substitute MHM funds for other agency events.
- Must submit MHM activity sheets once grant is awarded. MHM Activity sheets can be found on our Commission website.
- Must submit MHM final report, to summarize each MHM event. Commission staff will supply these forms.
- The Program Director and REEP Evaluator will participate face to face, Webinar, and/or conference call meetings with the REEP Panel member assigned to their grant.
- Participation in monthly MIH phone calls
- Year-end Program Evaluation Report by the required deadline.
- A Biennial Program Report by the required deadline.

NOTE: Please double-check your grant proposal for accuracy. **Not submitting mandatory required documents and forms with required signatures will result in an incomplete application and can disqualify your application.** The following items WILL impact your overall score: Required documents that are not uploaded; incomplete application sections and/or not including unit costs for budgeted line items for requesting Commission funding.