

Save Our Sight Protective Eyewear Request For Proposal Overview

Welcome

Power point: available at : <http://www.saveoursight.ohio.gov/funded.aspx>

Overview of the Program

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Save Our Sight Program announces the availability of funds for the SOS Protective Eyewear Program. Authorization of funds for this purpose is contained in Amended Substitute House Bill 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.

Eligibility to Apply & Service Area

All applicants must be a 501(c) organization with demonstrated experience in the delivery of vision services throughout the state of Ohio. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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 24, 2014. Any required part that is not submitted by the due date indicated in sections D and G will result in the entire application not being considered for review.

DUNS/CCR

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the Grants Management Information System 2.0 (GMIS). This is a correction from what is listed on page 15 of the RFP. This information is to be placed in GMIS and not submitted as Attachment B.

For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

FFATA

Related to the DUNS requirement is the Federal Funding Accountability and Transparency Act (FFATA) requirement. FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants 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

Refer to Appendix C, page 26, for SFY 2015 Purpose, Goals, Objectives and Strategies.

Goal: The goal of the Save Our Sight Children's Protective Eyewear Program is to ensure that children have good vision and healthy eyes through the prevention of eye injuries. Two objectives:

Objective 1: By June 30, 2015, implement a matching grant program for community-based programs with at least ninety percent of the requested protective eyewear equipment grant

funds used to prevent child eye injuries through an increase in the purchase and distribution of the number of pieces of protective eyewear.

Objective 2: By June 30, 2015, implement a matching grant program for instruction-based programs (e.g., wood crafting, auto mechanics or welding) with at least ninety percent of the requested protective eyewear equipment grant funds used to prevent child eye injuries through an increase in the purchase and distribution of the number of pieces of protective eyewear.

Program Expectations

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

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

Funding

The maximum funding award will be \$550,000. A match of 10% of the protective eyewear equipment budget is required by this program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. A match is not required for the vision health and education budget.

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

The NOIAF must be submitted by Thursday, February 27, 2014 to Allyson Van Horn by email Allyson.VanHorn@odh.ohio.gov or fax 614.728.6793. Please note that the submission of the Notice of Intent to Apply for Funding must also include the GMIS Training Form (new applicants), W-9 form, EFT Form, Proof of Liability (if applicable) and Proof of Non-profit status (if applicable).

Applications must be submitted via the Grants Management Information System (GMIS) 2.0 prior to the deadline of Monday, March 24, 2014. Agencies that are not currently ODH subgrantees must attend GMIS 2.0 training and submit the training request form gail.byers@odh.ohio.gov or fax 614.752.9783; see the RFP, Appendix A, page 19, for the GMIS 2.0 training form, which is due Thursday, February 27, 2014

Budget and Project Narratives

Client incentives and client enablers are unallowable costs.

Personnel, Other Direct Costs, Equipment and Contracts: Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2014 to June 30, 2015.

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 2.0 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.

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

Do not narrate the methodology in the project narrative. The methodology should be completed in Attachment 1, page 17, Save Our Sight Program Plan to detail the methodology.

The budget narrative and project narrative should correspond and meet the requirements of the RFP. The budget narrative is for one year beginning July 1, 2014 and ending June 30, 2015. 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 AB of Part I, Submission of Application, page 10.

Appendix B, on page 20, the Application Review Form, is available as a reference. Reviewers will use this tool to score the applications.

The Outcomes Grid, Appendix E on page 30, is a sample of the form submitted for quarterly grant reporting. ODH will work with the successful subgrantee agency to determine measures that are realistic/obtainable, meaningful, specific and measurable and that relate directly to proposal and RFP objectives.

Public Health Accreditation Board Standards

Identify the Public Health Accreditation Board Standard that will be addressed by grant activities. Additional information is provided on page 2 of the RFP.

Public Health Impact Statement

Incorporates a public health impact statement summary and public health impact statement of support.

Applicants must identify the Public Health Accreditation Board Standard that will be addressed by grant activities.

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.

Public Health Impact Statement Summary - Applicant agencies are required to submit a one page maximum 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 their 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.

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 when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

Incorporation of Strategies to Eliminate Health Inequities

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application applicants are required to:

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) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
2. Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
3. Explain how proposed program interventions will address this problem.

Appendix F, Protective Eyewear Map, on page 31 identifies areas of need for those who are economically vulnerable and underserved by the Protective Eyewear Program.

Deadlines

To apply, The NOIAF must be submitted by Thursday, February 27, 2014 to Allyson Van Horn by email at Allyson.VanHorn@odh.ohio.gov or fax 614.728.6793.

GMIS Training Request form to gail.byers@odh.ohio.gov or fax 614.752.9783 by Thursday, February 27, 2014.

Submit application according to the requirements outlined within the RFP by Monday, March 20, 2014. Review form, Appendix B, on page 20, will be used by reviewers. Review begins the day after the due date.

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

Questions

1. Is the 10% match requirement only for the purchase of protective eyewear?

Yes, the match of 10% of the protective eyewear budget is required by this program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. A match is not required for the vision health and education budget. An adjustment will be made in the Grants Management Information System (GMIS) following the submission of the grant application to calculate the appropriate 10% match of the protective eyewear.