2020

Mosquito Control Grant

Application Instruction Manual

Ohio Environmental Protection Agency
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PROGRAM INTRODUCTION

The Ohio Environmental Protection Agency's (Ohio EPA) **Mosquito Control Grant (MCG) Program** is a collaborative effort between Ohio EPA and the Ohio Department of Health (ODH). The MCG Program was developed to make funding available to local governments to reduce and monitor the potential for an outbreak of mosquito-borne viruses such as Zika, West Nile, and La Cross Encephalitis. Funding from the MCG Program focuses primarily on enhancing Ohio's mosquito surveillance infrastructure and reducing habitats for artificial container breeding mosquitoes. The MCG Program also provides funding opportunities for community education and outreach, larval control, and adult control.

WHO CAN APPLY

Those eligible to apply are local health departments and other government agencies such as solid waste management districts, mosquito control boards, and local government. Any government agency applying for MCG monies that is not a local health department, must obtain sponsorship from a local health department demonstrated through a letter of support.

PROJECT CATEGORIES FUNDED BY MCG PROGRAM

Applicants can submit a grant proposal for any combination of project categories offered by the MCG Program; however, the total grant request cannot exceed $25,000. In addition, each project category has a maximum grant request.

Project Category	Maximum per Category
1. Mosquito surveillance	$5,000
2. Larval control	$3,000
3. Adult mosquito control	$10,000
4. Community outreach/education	$7,500
5. Breeding source reduction (removal)	$10,000
6. Seasonal employee(s)	$10,000
7. Contracted services	$10,000
Maximum Request per Grant Application	**$25,000**

PROJECT CATEGORY ELIGIBILITY REQUIREMENTS

MOSQUITO SURVEILLANCE AND LARVAL CONTROL
Applicants must meet the following eligibility requirements to request monies for mosquito surveillance, larval control, seasonal employees to perform mosquito surveillance or larval control, or contracted services to perform mosquito surveillance or larval control:

- Applicants **must** attach their own mosquito surveillance plan, the local health department sponsor's mosquito surveillance plan or the contracted service provider's mosquito surveillance plan to this application.

- The applicant, the local health department sponsor or the contracted service provider must conduct mosquito surveillance in the applicant's jurisdiction and participate in ODH's statewide mosquito surveillance program.

ADULT MOSQUITO CONTROL

In addition to the requirements listed above, applicants requesting monies for adult mosquito control, seasonal employees to perform adult mosquito control, or contracted services to perform adult mosquito control must also meet the following eligibility requirement:

- Acknowledgement of participation in an Integrated Vector Management Plan

BREEDING SOURCE REDUCTION (REMOVAL)

Applicants cannot request monies for specific breeding source reduction (removal) activities from this grant if they have received funding from either of the following funding sources for the same location:

- [Ohio EPA Scrap Tire No Fault Cleanup Program](#) for the specified tires.

- [Ohio EPA Community and Litter Grants](#) for the specified tires or solid wastes.

ATTACHMENTS

Applicants **must** submit their grant application with the required attachments listed in the table below. In addition, applicants that are not a local health department **must** attach a letter of support from a local health department sponsor.

	Attachments		
Project Category	**Project Budget**	**Quotes**	**Surveillance Plan**
1. Mosquito surveillance	X	X	X
2. Larval control	X	X	X
3. Adult mosquito control	X	X	X
4. Community Outreach & Ed.	X	X	
5. Breeding source reduction	X	X	
6. Seasonal employee(s)	X		X[1]
7. Contracted services	X	X	X[1]

[1] If seasonal employees or contractors will be performing mosquito surveillance, larval control, or adult control, a surveillance plan is required.

PURCHASES AND ACTIVITIES FUNDED BY MCG PROGRAM

Listed below are approved fundable purchases and activities for each project category. Applicants requesting monies for activities/purchases not listed should fully explain their request in **Section II** of the application under **Proposed Activities and Purchases**.

ALLOWABLE PURCHASES AND ACTIVITIES PER PROJECT CATEGORY	
1. Mosquito Surveillance	• Mapping equipment and software (e.g., GPS units, GIS) • Replacement bulbs, batteries, gravid trap brew • Mileage directly associated with performing mosquito surveillance • Field supplies, shipping materials and PPE: gloves/PPE, paper towels/cleaning supplies, bug spray, dry ice, cooler, trash bags, etc. • Insecticide resistance testing **Note:** ODH will provide traps upon request at no charge. Grant monies may not be used to purchase traps.
2. Larval Control	• Granules, pellets, tablets, dunks, bacterial insecticides, larvicides, etc. • Backpack sprayers
3. Adult Mosquito Control	• Insecticides, adulticides • Mosquito sprayers and foggers **Note:** Grant monies may not be used to purchase vehicles.
4. Community Education and Outreach	• Developing and printing educational materials (e.g., brochures, pamphlets, translation services, etc.) • News release, radio broadcast, billboards, television broadcast, video, webinar, movie theater • Screen repair kits, doorhangers, bug repellent, wipes and dunks (for community distribution)
5. Breeding Source Reduction	• Abatement of illegally dumped scrap tires or solid waste including collection, transportation, and proper disposal costs
6. Seasonal Employee(s)	• Wages for seasonal employee(s) to assist with implementing components of the applicant's mosquito surveillance and control program, source reduction, etc. **Note:** MCG monies may not be used to pay for any portion of full-time or part-time, permanent staff salary or benefits.
7. Contracted Services	• Mosquito surveillance (includes plan preparation), larval control, adult control, and community education and outreach • Contracted services for breeding source reduction must be requested under project category 5: breeding source reduction

2020 MCG PROGRAM TIMELINE

Key Dates	
2020 MCG Kick-off Meeting	November 13, 2019 at 10:00 AM
Application open	November 18, 2019 at 8:00 AM
Application deadline	January 31, 2020 at 3:00 PM
Award announcements	March 2020
Mandatory kickoff meeting	April 14, 2020 *tentative and subject to change*
Signed grant agreement	April 15, 2020
Payment schedule	May 2020
Final report	April 30, 2021

Application Deadline: Applications submitted after 3:00 PM on January 31, 2020, will not be considered for an award.

Award Announcements: Ohio EPA will notify all applicants via email of their 2020 MCG award status in March 2020.

Mandatory Kickoff Meeting: All applicants selected for a 2020 MCG award must attend a mandatory kickoff meeting in April 2020. The purpose of the meeting is to ensure all grant contract terms, expectations, and procedures are known prior to accepting grant monies. Both the person responsible for managing the grant contract and the grant recipient's fiscal officer must attend the kickoff meeting. All first-time awardees must attend the meeting in person, awardees with previous grants must either attend in person or through WebEx.

Grant Contract: All grant recipients must enter in to a grant agreement (contract) with Ohio EPA to authorize receipt and expenditure of grant funds. The contract will specify the total grant award and stipulate exactly how grant monies may be spent. This MCG application will serve as the grant recipient's *scope-of-work* outlined in the grant agreement.

Once grant awards are announced, grant recipients will receive a contract for signature. Recipients should arrange for signature *as quickly as possible* and return it to Ohio EPA. The contract is then signed by the director of Ohio EPA. The date that the director signs the contract is the ***effective date*** of the contract. Grant recipients cannot be reimbursed with MCG monies for any expenditures made prior to the effective date of the contract.

Payment Schedule: Payment is contingent on Ohio EPA obtaining the requested monies in State Fiscal Year (SFY) 2020 and subject to cash availability. After final execution of the contract, grantees will receive checks or electronic payment for the full amount of the grant award. Payments are typically executed by May.

Project Period: Grant proposals must be prepared with a project period that begins no earlier than May 1, 2020 and ends no later than April 30, 2021.

Final Report – A final report must be submitted using the 2020 MCG Final Report form with all supporting documentation by April 30, 2021.

THE 2020 MOSQUITO CONTROL GRANT APPLICATION

Applicants can submit a 2020 MCG Application using either the online application or the electronic (Word format) application form. However, Ohio EPA encourages all applicants to utilize the online application. In 2020, it will be required for all applicants to submit their application using the inline application.

2020 MCG ONLINE APPLICATION or eMCG

The instructions for using the online MCG application are accessed through Ohio EPA's **Customer Support Center**. Applicants must have an account with Ohio EPA's Customer Support Center to access the online application. For those applicants without an existing account, a new account must be created following the instructions. Once an account is created, or for those applicants with an existing account, click **start or continue an application** to access the application. Applicants can start and stop the application as needed and the information will be saved. **Caution!** Using the restart button deletes all information in the application and starts over.

APPLICATION EVALUATION CRITERIA

MCG applications will be evaluated based on the following criteria:

- Submission and completion of all required forms
- Clear and concise narratives in all required sections
- Demonstration of financial and program need
- Funding requested in alignment with the goals of the MCG program
- Submission of required attachments
- All previous awards must have a final report submitted unless an extension has been granted
- **Unspent funds from previous MCG awards must be returned in order to be eligible**

COMPLETING SECTION I: APPLICANT INFORMATION

Section I of the 2020 MCG Application requests information needed to determine applicant eligibility and approve grant applications. The information below is requested in both the online application and electronic application form; however, it is organized differently. The online application determines eligibility first so that applicants do not waste time requesting funding for project categories for which they are not eligible.

A. **Applicant Information**: The applicant is the organization applying for 2020 MCG monies. Please ensure that the organization's full, legal name is used. If the applicant does not have an *OAKS ID*, please indicate this in the Applicant information table.

B. **Grant Applicant Contact Person**: This is the person completing the application on behalf of the applicant. Please input a direct telephone number so this person can be easily reached.

C. **Authorizing Official**: The authorized official is the person designated by the applicant (grantee) to administer the grant and sign the grant reports and revisions.

D. **Fiscal Officer**: This information is essential for applicants selected to receive a 2020 MCG award. The fiscal officer can help track expenditures and locate the electronic transfer of grant monies for those applicants selected to receive a 2020 MCG award.

E. **Health Department Sponsor**: This information is required only for applicants that are not a local health department. Ohio EPA will use this information to verify sponsorship and any services being provided.

F. **Previous Grant Compliance**: This information helps determine eligibility for applicants. All 2016, 2017 and 2018 MCG awards must have a final report submitted unless an extension has been granted and any unspent funds from previous MCG awards must be returned in order to be eligible.

G. **Funding Request**: Enter the total amount of grant monies being requested per project category. The funds being requested cannot exceed both the maximum amount per project category and the total amount per grant application. Please ensure the total amount of funds requested per project category equals the total amounts indicated in the *Project Budget* and/or the quotes for breeding source reduction (removal) and contracted services. Round up to the nearest whole dollar when completing this section.

H. **Employee Funding**: Grant monies cannot be used to pay permanent full-time and/or permanent part-time employee salaries and benefits. Monies can only be used for seasonal employees and contracted services.

I. **Seasonal Employees and Contracted Services**: If a funding request is being made for seasonal employees or contracted services, indicate whether seasonal employees or contracted services will be performing mosquito surveillance, larval control or adult mosquito control, community outreach, or breeding source reduction.

J. **Breeding Source Reduction Eligibility**: Please indicate your eligibility status for the [Scrap Tire No Fault Cleanup Program](#) and [Community and Litter Grant](#) and acknowledge that you are not aware of any other applicant applying for funding for the same breeding source reduction project at the same location. This section only applies to funding requests for breeding source reduction (removal).

K. **Mosquito Surveillance, Larval Control and Adult Control Eligibility**: Please indicate the entity responsible for each eligibility requirement by checking the appropriate box: applicant, health department sponsor, contracted services or NA (not applicable). This section only applies to funding requests for mosquito surveillance, larval control, adult mosquito control and seasonal employees or contracted services performing mosquito surveillance, larval control, or adult mosquito control.

L. **Authorized Official Signature**: The application must be signed and dated by the applicant's authorized official.

COMPLETING SECTION II: MOSQUITO CONTROL GRANT PROPOSAL

Section II must include the information requested in each section and use the format provided below. All narratives should be clear and concise. Narratives may refer to another section of the application. For example, if the contracted services are for breeding source reduction, then the description of those activities is listed under the "Breeding Source Reduction" category. The description of activities and purchases for the "Contracted Services" category will state "See Breeding Source Reduction." The online application includes character limits for each section, which are indicated in the text boxes for each section. For example, the problem statement required for each project category funding request is limited to 2,000 characters and the goals section is limited to 1,000. The application cannot proceed if these character limits are exceeded. It is important to note that character limits include punctuation and spacing.

1. **Executive Summary**

   A. I**ntroduction**: Summary of organization applying for grant monies, including population and jurisdictions served.
   B. **Statement of Need**: Summary of the organization's need for financial assistance.
   C. **Program Evaluation**: Summary of organization's current mosquito surveillance and control program, including the strengths and weaknesses of each component.

D. **Collaborative Partners**: Identification of any collaborative partners and/or key stakeholders involved in implementing the organization's mosquito surveillance and control program; specifically, partners assisting with the implementation of the proposed purchases and activities in this application.
E. **Financial Need**: Identify the applicant's 2020 mosquito surveillance and control budget for the upcoming mosquito season, **excluding requested grant dollars**. Provide any other relevant financial information as necessary.

2. **Grant Proposal**

For each project category for which MCG monies are being requested, provide the following information using the format below (**do not include information** for project categories where no monies are being requested):

Mosquito Surveillance

A. **Problem statement**: Describe the need or issue this funding request will address.
B. **Goals**: State the goal or goals of this funding request.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases for this funding request.
D. **Proposed Timeline**: Provide a timeline for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Briefly describe the methods for tracking the activities and/or purchases for this project category.
F. **Measuring and Evaluating Success**: Briefly describe the methods to measure and evaluate the success of the implemented project category.
G. **Alignment with Mosquito Surveillance Plan**: Describe how the proposed activities and/or purchases align with the goals of the attached mosquito surveillance plan.

Larval Control

A. **Problem statement**: Describe the need or issue this request will address.
B. **Goals**: State the goal of the proposed activities and/or purchases.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases.
D. **Proposed Timeline**: Provide a timeline for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Briefly describe the methods for tracking the activities and/or purchases for this project category.
F. **Measuring and Evaluating Success**: Briefly describe the methods to measure and evaluate the success of the implemented project category.

Adult Mosquito Control

A. **Problem statement**: Describe the need or issue this request will address.

B. **Goals**: State the goal of the proposed activities and/or purchases.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases.
D. **Proposed Timeline**: Indicate the timeline, in narrative form, for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Describe the methods for tracking the proposed activities and/or purchases.
F. **Measuring and Evaluating Success**: Describe the methods used to measure and evaluate the success of the proposed activities and/or purchases.
G. **Decision Making for Intervention**: Briefly describe the decision-making process for utilizing adult control interventions, including the use of integrated vector management.

Community Education and Outreach

A. **Problem statement**: Describe the need or issue this request will address.
B. **Goals**: State the goal of the proposed activities and/or purchases.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases, including the use of contracted services or seasonal employees.
D. **Proposed Timeline**: Indicate the timeline, in narrative form, for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Describe the methods for tracking the proposed activities and/or purchases.
F. **Measuring and Evaluating Success**: Describe the methods used to measure and evaluate the success of the proposed activities and/or purchases.
G. **Alignment with Ohio Department of Health**: Describe how the proposed activities and/or purchases will align with ODH's education and outreach materials.

Breeding Source Reduction

A. **Problem statement**: Describe the need or issue this request will address.
B. **Goals**: State the goal of the proposed activities and/or purchases.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases, including the use of contracted services or seasonal employees.
D. **Proposed Timeline**: Indicate the timeline, in narrative form, for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Describe the methods for tracking the proposed activities and/or purchases.
F. **Measuring and Evaluating Success**: Describe the methods used to measure and evaluate the success of the proposed activities and/or purchases.
G. **Breeding Source Reduction Project Location**: Provide the street address, city, state and zip code for each breeding source reduction project location.

H. **Breeding Source Reduction Material Type**: Indicate the number of scrap tires and amount of solid waste at each breeding source project location.

Seasonal Employees

A. **Problem statement**: Describe the need or issue this request will address.
B. **Goals**: State the goal of the proposed activities and/or purchases.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases.
D. **Proposed Timeline**: Indicate the timeline, in narrative form, for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Describe the methods for tracking the proposed activities and/or purchases.
F. **Measuring and Evaluating Success**: Describe the methods used to measure and evaluate the success of the proposed activities and/or purchases.
G. **Number of Seasonal Employees**: Indicate the number of new hires and returning seasonal employees funded through this request.

Contracted Services

A. **Problem statement**: Describe the need or issue this request will address.
B. **Goals**: State the goal of the proposed activities and/or purchases.
C. **Description of Activities and Purchases**: Describe the proposed activities and/or purchases.
D. **Proposed Timeline**: Indicate the timeline, in narrative form, for implementing proposed activities and/or purchases.
E. **Tracking Activities and Purchases**: Describe the methods for tracking the proposed activities and/or purchases.
F. **Measuring and Evaluating Success**: Describe the methods used to measure and evaluate the success of the proposed activities and/or purchases.

COMPLETING SECTION III: ATTACHMENTS TO THE APPLICATION

Project Budget
A project budget will include **all** line items for purchases and activities proposed in Section II of the 2020 MCG Application. A template for the project budget has been provided for you; however, the applicant is not required to use the project budget template. To complete the project budget tables in the template, the applicant will provide the information requested for each proposed line item in the appropriate project category table. To factor shipping and handling costs into the project budget and the amount of grant monies requested, the applicant will include the total amount of estimated shipping and handling costs in the appropriate cell for all line items per project category. This information can be obtained from the quotes and cost estimates required for proposed purchases.

Round all dollar amounts up to the nearest whole dollar.

Since details for the proposed purchases and activities are included in Section II of the 2020 MCG Application, only a very brief description of each line item should be provided. See the examples below:

1. Mosquito Surveillance			
Description	**Cost/ Item**	**Quantity**	**Total Cost**
ArcGIS annual license renewal	$2,500	1	$2,500.00
Seasonal staff mileage reimbursement (cost per mile)	$.52	321	$ 166.92
Sum of All Shipping and Handling			$47.12
Total			$2,714.04

5. Seasonal Employees					
Start Date	**End Date**	**Description**	**Hourly Rate**	**Total Hours**	**Total Cost**
7/9/2020	9/7/2020	College intern: surveillance	$10.50	220	$2,310.00
5/1/2020	9/30/2020	College intern: surveillance/outreach	$10.50	400	$4,200.00
				Total	$6,510.00

Additional rows can be added to reflect the number of line items requested for each project category table. Instructions for adding rows and performing automatic calculations in the project category tables are included in the 2020 MCG Application form. Applicants should leave tables blank for project categories where no funds are being requested.

Mosquito Surveillance Plan
Applicants requesting mosquito surveillance, larval control, or adult control grant monies **must** attach their own mosquito surveillance plan, a local health department sponsor's mosquito surveillance plan or the contracted served provider's mosquito surveillance plan.

Quotes and Cost Estimates
Quotes and cost estimates for the purchases proposed in the grant application, and included in the project budget, must be attached to the application. Cost estimates for seasonal employee(s) and mileage will be calculated and demonstrated in the project budget. Applicants should identify the project category for each quote and cost estimate by writing the project category at the top.

Letter of Support
Government agencies that are not a local health department must obtain and submit a letter of support from a local health department sponsor that includes the following information:

1. Acknowledgement and support of applicant's proposed activities.
2. If indicated in the application, description and commitment of the services the local health department sponsor will provide in the applicant's jurisdiction such as mosquito surveillance, participation in ODH surveillance program and participation in integrated vector management.

Contacts and Additional Resources

Ohio EPA Mosquito Control Grant Program

Applicants that need assistance with completing an application or have any questions regarding the MCG Program are encouraged to contact Leanne Greenlee at (614) 705-1012 or Jeff Montavon at (614) 728-5357. All emails should be directed to the MCG Program email address at mosquito.grant@epa.ohio.gov.

Applicants can visit the Ohio EPA MCG Program webpage to access all program related information such as: the 2020 MCG Application Instructions Manual, 2020 MCG Application, 2020 MCG Online Application, ODH Request for Mosquito Surveillance Equipment form and Submitting Mosquito Samples to ODH procedures document.

Scrap Tire No Fault Cleanup Program and Community and Litter Grant

Visit Ohio EPA's Scrap Tire Program webpage for more information on Scrap Tire Removal and Cleanup grants and Ohio EPA's Community and Litter Grants webpage for more information on litter and tire amnesty collection grant opportunities.

Ohio Department of Health Mosquito Surveillance

Applicants that have questions regarding ODH's statewide mosquito surveillance program or need assistance with ordering mosquito surveillance equipment provided by ODH, are encouraged to contact Leeanne Garrett at Leeanne.Garrett@odh.ohio.gov or (614) 466-7215.