



**Ohio Commission
on Minority Health**

FY24 RFP
Miscellaneous
Supplemental
Grant

Request for Proposals- Year Funding

Applications must be submitted 90 Days before
proposed event.

**FY 2024 RFP Miscellaneous Supplemental Grant Packet
General RFP Application
OHIO COMMISSION ON MINORITY HEALTH**



Commission on Minority Health

Miscellaneous Supplemental Funding General Request For Proposal Application

Background

The Commission funds Miscellaneous Supplemental (MGS) Grants based on the availability of funding each year. This fund is designed to sponsor health related activities that raise the visibility of the Commission and increase the focus of minority health disparities. These activities must reach and impact Ohioans from no less than two counties and have a focus on racial and ethnic populations. *This source of funding is **not** designed to support ongoing, long-term programming.*

Funding levels vary from year to year and will be based on the amount of funds available within each fiscal year (FY).

For program activities in FY 24, the Commission will consider funding consideration for activities up to \$15,000.

SUBMISSION DEADLINE

**All General MGS funding requests must be submitted in the MHGM system.
at least 90 calendar days prior to the date of your scheduled event. (NO EXCEPTIONS).**

Eligibility

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 501 (c)(3) at the time of application submission. (Must upload a copy of the IRS 501(c)(3) designation letter)

- Provide services near minority communities or include minority communities in their stated service area.
- Applicants must meet all licensure and certification requirements of the State of Ohio; and
- Applicants must comply with all current and applicable laws, regulations, rules, and administrative guidelines of the Ohio Commission on Minority Health.

Application

To apply for funding, please make sure to submit a New User Registration Form* for new grantees only.

- Applications must be submitted 90 calendar days prior to the date of your proposed event.
- Applications must be uploaded to the MHGM system.
- All documents and forms with required signatures must be uploaded in the MHGM system to be considered for funding.

Requirements for Signatures and Dates

- All signatures on required forms must be dated in the **same calendar year** as the grant application submission date. No required forms are allowed to be post-dated after grant submission. For example: If the grant submission date is September 26, 2024 – All required forms must be dated January 1, 2024 – September 26, 2024.

Grant Application Process

All grantees must complete the following required fields in the MGHM system:

- **Face Sheet**
- **Organization Information**
- **Proposal Narrative**
- **Project Action Plan**
- **Line-Item Budget**
- **Project Documentation**
- **Signature/Grant Signature Sheet (Does not substitute for required uploaded documents)**
- **Submission (please make sure to hit the submit button to send your application)**

(Grantees are strongly advised to refer to the MHGM system User Guide for more detailed instructions. The User Guide can be found at www.mih.ohio.gov/grant-opportunities or in the MHGM system by clicking the gear icon in the upper right-hand corner of the home page)

ONE DAY CONFERENCE INITIATIVES:

PLEASE NOTE: All one-day conferences must be at least 7 hours to include a half hour registration period and a one hour lunch period. This will include a minimum of 5.5 hours of training

Example:

8:00 – 8:30 am Registration

8:30 – 9:00 am Welcome Remarks and Housekeeping

9:00 – 10 am Keynote Speaker

10:00 – 11:30 am Breakout sessions

11:30 – 12:30 pm Lunch

12:30 – 2:00 pm Breakout sessions

2:00 – 3:30 pm Breakout sessions

3:30 – 4:00 pm Closeout session

FREE CONFERENCES: If the applicants conference is free and open to the public conference costs. Commission funding can be used for conference related costs except for items identified in unallowable costs. (Please note that our funds can not be used for out of state speaker fees and out of state speaker travel expenses).

CONFERENCES WITH REGISTRATION FEES: All Commission funds must be used to support free conference registrations and must provide the same access to related conference activities as those who are paying for the conference. Applicants can still apply up to 15% for administrative costs. (For example, If conference registration fees are \$100.00 then Commission funds can support 100 free conference scholarships) (Please note that our funds can not be used for out of state speaker fees and out of state speaker travel expenses).

Sponsorship publication and distribution

Applicant must discuss how they will publicize the availability of scholarships and receive scholarship requests. Applicant must also break down scholarship costs in the project budget. Please present the marketing and promotion plan for conference scholarships and upload in a word document to the MHGM system.

Other Sources of Funding:

- 20% of projected funding request must be received from sources other than the Commission (cash or in-kind).

- Applicants must identify the source of their other funding to detail no less than 20% of the amount requested from the Commission.

Fundraising is prohibited under this grant.

All services are free of charge and open to the public as well as the target population.

Grant Reporting

Miscellaneous Supplemental Grantees will be expected to complete all required fiscal and program reports in the MGHM system.

- Grantees are required to: Collect and report on demographics of event participants to include race, ethnicity, gender, age, county, and zip code.

- Grantees are reports to: Collect and summarize on participant event satisfaction survey results.(A sample survey is attached for your use.) Survey questions must include questions regarding the Commission sponsored portion of the event to include but not be limited to questions regarding the speaker, topic of education/event, and questions regarding changes in participant awareness, knowledge, and or behavior – Where appropriate.

- Grantees are required to: Collect and summarize client feedback and learning or increases in knowledge and awareness related conference focus.

- Summarize event activities in detail to include the estimated number in attendance, counties served, challenges, and program successes.

- **Large Health Screening Initiatives** – Only Large Health Screening Initiatives are eligible for this funding. Applicant must have a history of reaching a minimum of 500 screened participants prior to the application.

- These efforts must reach 500 or more participants who are screened. Applicant must report the results per each screening and a plan to follow-up on abnormal screening results as well as report race/ethnicity/age range and gender.

Funding

The maximum grant award for FY24 MGS General Application is \$15,000 per applicant organization. Any unapproved changes in the original terms of the grant award by the grantee agency may result in termination of the grant or non-reimbursement of the expense.

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

nor extend the application due date.

PLEASE NOTE: Hand delivered, faxed, emailed or US mailed applications will not be accepted.

Ohio Pays

In order to be paid by the Commission all applicants must obtain a supplier number.

Please follow the below instructions to set up your supplier number.

If the applicant already has a supplier number, they should also review their supplier record to ensure the address and contact information is updated. Please note reimbursements will not be processed if the supplier information and addresses on the grant application do not match the information in Ohio Pays.

See steps below:

- The supplier must log in to the OhioPays portal (<https://ohiopays.ohio.gov>) using their OH|ID and password to log in.
- If they do not have an OH|ID, there is a link from the OhioPays portal to register for one.
- Once in the portal, they need to associate themselves with their supplier id number. They can search by business name if they don't remember their supplier id.
- They must be an Administrator on the portal to make changes. They can either:
 - Request access from the current Administrator, OR
 - Request to be an Administrator, OR
 - If they already ARE the Administrator they can proceed to make the changes.
- They will be sent an email to let them know Administrator access has been granted.
- They then go to **Manage Payee Profile** to make the address updates, register EFT banking info, etc.

Proposal Preparation

Proposals that do not provide all the requested information, or do not meet all the requirements specified in the RFP, will be determined incomplete and may be disqualified. For instructions on how to navigate the MHGM system, please consult the MHGM Applicant User Guide. The Applicant User guide can be accessed on the Commission website at www.mih.ohio.gov, on the Grant Opportunities page.

Please refer to the Applicant User Guide general MHGM information to include account creation, passwords, login, and quick tips.

Responses to this RFP application should be prepared following the guidance described below. **IMPORTANT:** The application sections do not have a save button. Grantees will have a maximum of 15 minutes (shown in a timer in the upper right corner of each page) to enter information per page. At 15 minutes, the application will time out (due to network security concerns) and your work will not be saved. Please plan accordingly.

OCMH suggests that you prepare your application in a separate word document to then

copy and paste each section into the system. Once you click “Next” to advance to the next section the information will then be saved.

1. Face Sheet: To complete this section access the application in the MHGM system and refer to the table of contents for the face sheet section in the Applicant User Guide.

Make sure to select from the drop-down menu:

- **State Fiscal Year: 2024**
- **Grant Type: Miscellaneous Supplemental Grant (MGS)**
- **Project Area: Miscellaneous Supplemental Grant**
- **Requested Amount: Make sure that the requested amount aligns with the RFP funding level and should be no more than \$15,000.00**

2. Organization Information: To complete this section access the application in the MHGM system and refer to the table of contents for the organization information section in the Applicant User Guide.

3. Proposal Narrative: To complete this section access the application in the MHGM system and refer to the table of contents for the proposal narrative section in the Applicant User Guide.

- Health Areas to be Addressed
- Demographics (Race, Ethnicity, Gender, Age Groups)
- Description of the applicant Agency
- Project Description
- Elements of Sustainability

Program Narrative Instructions

- a. Eligible applicants must provide an overview of the proposed activity and address each bullet below, within MHGM. Application questions in MHGM will include but not be limited to:
- b. Providing a brief introduction of the agency, the population it serves.
- c. Providing an overview of the proposed event to include the time, date, location, targeted racial and ethnic population(s) that are impacted by disparities, the anticipated number to be directly served as well as event goals and objectives. Please note, counting those in attendance at a larger event in which your organization is present, does NOT count towards your number served. Only participants who directly participate in your event count.

- d. Discussion of the anticipated outcome and/or quantifiable benefit that this endeavor will provide to the targeted communities.
- e. **Grants covering at least a minimum of two (2) counties.** List the two-county impact area and provide an overview of past program attendance from the targeted counties.
- f. The provision of a marketing plan (i.e., specific method(s) to advertise and promote the initiative) to reach minimum two (2) counties.
- g. The required implementation of an event satisfaction survey. The survey must include questions regarding the Commission funded portion of the event to include but not be limited to questions regarding the speaker, topic of education/event, and questions regarding changes in participant awareness, knowledge, and or behavior – Where appropriate. See sample at the end of the MGS application.
- h. Providing an overview of the process by which the collection of demographic data for each county and each population to be served will be collected.
- i. •Uploading a copy of liability insurance certificate – **THIS IS MANDATORY FOR ALL FUNDING APPLICATIONS** (even if not providing invasive screening).
- j. Providing a plan for reporting screening results and follow up on abnormal screens- **If** invasive health screening activities are planned. Screening results must include the number screened by gender **and** race/ethnicity for **each type** of screening offered.
- k. Listing the requested amount of the event funding request.
- l. **Please note: If applying for a community health event funding (such as, Large Health Screenings that have a history or reaching 500 or more screened participants and related costs), Applicant must ensure that all activities must be free and open to the public.**

4. Project Action Plan: To complete this section access the application in the MHGM system and refer to the table of contents for the project action plan section in the Applicant User Guide. Applicants will complete this required section in the MHGM system under Project Action Plan

5. Line-Item Budget: To complete this section access the application in the MHGM system and refer to the table of contents for the line-item budget section in 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 budget narrative must include a unit cost for each specific budget line-item.
- The line-item budget must match the amount on the face sheet of the grant.
- Budget must be appropriate, reasonable and support the program activities.

All line-items need to be itemized and list unit costs. This should be detailed and reflect a per- hour or unit cost.

B. Direct Costs: Personnel and Fringe Benefits and Other – Instructions

- i. Only those employees in positions which provide direct client services are to be listed in the personnel section. Personnel and Fringe benefits may not exceed 15% of the total amount of grant. **Direct costs listed under Personnel, fringe benefits, other cannot exceed 15%** of the total OCMH budget. Other costs listed under personnel can support part-time positions only.
- ii. Do not list contractual personnel or consultants or speaker fees in this section. They should be entered in the Contractual (personal service contract) 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; not to exceed the start and end date of the grant award.
- 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. . 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 and the budget narrative under the match portion of the grant must be completed and include unit costs.

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 \$.58 cents per mile. Example: 200 miles at \$.58 cents = \$116.00.

iv. Out-of-state travel is a non-allowable cost under this grant.

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**
- **Printers**
- **Video equipment**
- Typewriters
- Furniture (will provide state/federal salvage applications to successful grantees)
- Surcharge of Cell phones
- Vehicle purchases
- X-Ray machines
- Copiers
- Refrigerators
- Baby/infant seats, cribs, clothing, shoes
- Wii and other high-priced computer games or Fitbits.
- Food or beverages purchased for refreshments

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 and not exceed the grant award start and end date.

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

- Program supplies and incentives are two separate items.

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.

F. Food: 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.)

- Food purchases that **are not** a part of an overall conference costs which is incorporated in the total registration fee for scholarship recipients will not be allowable.

G. 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. The grantee must provide the unit cost.

H. 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.

- **Out of State Speakers are not an allowable cost under this grant.**

I. Advertising: Specify the media and cost of advertisement (e.g., 3 ads at \$50.00 per advertisement or \$200.00 per radio spot).

- Note: Commission funds may be used to support social media and local advertising for targeted counties.

J. Incentives: Incentives may not exceed 10% of the approved budget.

- All Incentives must relate to program activity.

K. Indirect Costs, which include rent/lease, administrative, maintenance/repair Total cost must not exceed 15% of the amount requested. All Administrative: Administrative costs can be direct and/or indirect and must be itemized.

Total indirect costs may not exceed \$2,250 for the \$15,000 grant.

Indirect Costs must be itemized. Below are types of indirect examples:

- Administrative charges: salaries of support staff (administrators, secretaries, accountants). Provide the percentage of time on the project per line-item.
- Rental/space leasing: space rental is an allowable cost. Space for which rental fees will be paid must meet the following requirements:

- The number of months and the rate at which payment will be made should be stated. If for one event it must be prorated to obtain appropriate costs.
- 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).
- a. Submission of 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.
- b. Approved rent is non-transferable from the original site to a new or relocated site.
- c. 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.
- d. Provide the cost per unit for all administrative costs charged to the grant.

L. All applicants must complete the Administrative Compliance for located at the bottom of the Request for Proposal application and upload in the MHGM system.

6. Project Documentation - To complete this section in the MHGM system, refer to the table of contents for the project documentation section in the Applicant User Guide.

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

Please note, items that have an asterisk (*) beside them are mandatory upon submission of the

grant.

7. Signature Requirements

All signatures on required forms must be dated in the same calendar year as the grant application submission date.

No required forms are allowed to be posted dated after the date of grant submission.

For example: Grant submission date: September 24, 2024.– All forms must be dated January 1, 2024 – September 24, 2024.

Furthermore, if a staff member has signatory authority for another staff member, there must be a letter on agency letter head, that provides the name of the staff member with signatory authority and the member of the staff for which they have signatory authority. This letter must be signed by the agency director and uploaded into MHMG into the project documentation section.

Please note, items that have an asterisk (*) beside them are mandatory upon submission of the grant.

Proposal Review

Proposals from eligible entities, that pass administrative review and the scoring threshold will be reviewed. Proposals recommended for funding will be required to respond to an Agreement of Terms and special conditions, if any are assigned.

4. Describe the check or warrant processing system when paying employee salaries, employee travel reimbursement, vendors or contractors, to include: the titles of agency personnel involved in the process, the role of the project director and the forms used. These forms will become source documentation for accounting records.

5. Are controls used to assure that expenditures of project funds do not exceed budgeted line-item amounts?
 YES NO (If YES, please explain the system. If NO controls exist, explain controls to be implemented and include timetables.)

6. Is a separate project account maintained to identify expenditures of project funds (consisting of grant funds and project income)? YES NO

Please explain project accounting system. If a separate accountability of project expenditures is not maintained, enter plans to change present system in order to provide separate accountability and include timetables. Include explanation of accounting for in-kind applicant support.

Does the present accounting system provide current and accurate fiscal information to assure that expenditure reports will be submitted when due? YES NO

If the answer is "No," please explain changes to be made in the system to comply and include timetables.

Does the present accounting system provide for the project to return to the Commission on Minority Health the balance of unspent, unobligated grant funds and project income? YES NO

If the answer is "No," please explain changes to be made to the system to comply and include timetables.

7. Project expenditures are reported on (check one): a cash basis an accrual basis a modified accrual basis.

If a modified accrual system is used, please explain system.

If an accrual or modified accrual system is used, please explain agency's system for encumbering or obligating funds. (Describe forms used, flow of paper, and authorizing authorities.)

8. Are time/activity records maintained for project personnel to account for time spent on the project? YES NO

If not, describe how personnel costs are allocated to the project. (Include controls to avoid charges to various Federal and State projects.)

9. Are fringe benefits for this project the same as those for other agency employees? YES NO (If NO, please explain.)

10. Are there any agency non-personnel costs that are shared by project and non-project activities? YES NO

If yes, list them and explain how they are allocated to the project. If no, go to **Question #11**.

11. (A) Does the agency have an in-house billing system when providing goods and services to the project?
 YES NO

If yes, explain the intra-agency billing system detailing titles of individuals involved and forms used. If no, go to **Question #12**.

(B) Does an appointed project representative periodically review charges set by central stores to assure that charges to the project do not exceed cost of goods plus a reasonable amount to cover the costs of maintaining and operating a central stores organization? YES NO

If yes, please explain the review procedures, review frequency and documentation of such reviews that will be made available to the Ohio Commission on Minority Health. If the answer is no, please explain changes to be made to the system for compliance and include timetables.

12. Does the project incur travel costs? YES NO

If yes, describe the procedure used to determine the project travel costs incurred when using agency vehicles (include most recent costs when available) and briefly describe the project accounting system for such expenses (include a description of forms or form numbers used). If no, go to **Question #13**.

If a rate has been established for reimbursing employees when using their own vehicles, is the rate the same as that allowed for other agency employees? YES NO

If per diem is paid to employees on travel status, enter the agency's per diem policy. Include amounts authorized for lodging, subsistence and related travel items, and describe the accounting system and forms used for expenditures. **(NOTE: The rates and amounts listed for travel and per diem cannot exceed those allowed by the agency for non-grant activities. Any rates or amounts in excess of the amount authorized by the State for Commission employees will not be approved from grant funds.)**

13. Are project funds budgeted for equipment, supplies and contracts? YES NO (If No, please go to **Question #14**)

If yes, please explain agency's procurement policies and procedures for equipment, supplies, and contractual goods and services. Detail provisions that: assure free competition among suppliers; prevent agency officers or personnel having a personal interest in the selection from influencing the procurement; encourages procurement from minority-owned and/or operated organizations; and that assures compliance with the Copeland "Anti-Kick-Back Act" (1B USC as supplemented in the Department of Labor Regulations 41 CFR Part 60).

14. Is the project entering into any contracts for the procurement of goods and services? YES NO (If No, go to **Question #15**).

If YES, do contracts meet the following conditions?

- a. Definition of a sound and complete agreement YES NO
- b. Administrative remedies for violations YES NO
- c. Termination provisions YES NO

15. Agencies who apply for funding at \$25,000 or above are required to have had a fiscal audit by a certified public accountant.

- a. Has the agency had a fiscal audit? YES NO
If yes, please attach one (1) copy of the most recent audit with the original of this application.
Audit management letter date: _____ (Month Day, Year)

b. Is an audit of the agency anticipated during the coming year? YES NO

If yes, what individual(s) or organization is scheduled to perform the audit and what is the approximate date of completion?

16. If the applicant is a non-governmental agency, does it carry adequate fidelity bond coverage as indemnification against losses resulting from the fraud or lack of integrity, honesty or fidelity of one or more employees, officers, or other persons holding a position of trust? YES NO

If yes, attach a copy of the bonding agreement. If no, explain actions that will be taken to comply.