

## Miscellaneous Supplemental Funding

### 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 23, 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.**

### 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, 2022 – All required forms must be dated January 1, 2022 – September 26, 2022.

## **Grant Application Process**

**All grantees must complete the following required fields in the MHGM 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](http://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)*

## **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.

## **Program Narrative Instructions**

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:

- Providing a brief introduction of the agency, the population it serves.
- 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.
- Discussion of the anticipated outcome and/or quantifiable benefit that this endeavor will provide to the targeted communities.
- 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.
- The provision of a marketing plan (i.e., specific method(s) to advertise and promote the initiative) to reach minimum two (2) counties.

- 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.
- 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.
- Uploading a copy of liability insurance certificate if collecting invasive health screenings.
- 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.
- Listing the requested amount of the event funding request.

**Please note: If applying for a *community health event funding (such as, Health Screenings, and related costs)*, all activities must be free and open to the public.**

**Please note: If applying for a *conference funding*, all funds must support conference registration scholarships (attendance fees) and related conference costs (food and beverage is not an allowable cost or out-of-state speakers)**

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.

Please note: You must submit a copy of your current 501(c)(3) determination letter with this application.

## **Miscellaneous Grant Budget Instructions**

### **Personnel and Fringe Benefits – Instructions**

Only those positions which provide direct client services are to be listed. Do not list contractual personnel or consultants in this section. Administrative costs are not listed here. Provide the yearly salary and fringe benefits budgeted for each position listed. The amount should be consistent with similar positions in the agency based on Full-Time Equivalency (FTE). Provide the amount of the employee's salary and fringe benefits that will be funded by the Commission based on annual salary.

### **NON-PERSONNEL – INSTRUCTIONS A.**

#### **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:

- Purchased Equipment (**leased equipment is allowable**)
- 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.
- PPE (masks, gloves, cleaning supplies)
- COVID-19 test kits or vaccination incentives
- Gas Cards

**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.**

**B. 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](http://www.mih.ohio.gov) to review this EO.)

**C. 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.

**D. 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 and termination clause. (Must not exceed 10% of total award per contract.)

- Contracted speakers cannot be from out-of-state
- Contracts should include the full costs of the speaker

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

Scholarships: If conference scholarships are offered, applicant must list the number of registration scholarships and cost of each scholarship.

**E. Administrative/Indirect costs:** Total cost must not exceed 15% of the amount requested.

The following may be charged as indirect costs/services and must be itemized:

**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.

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).

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.

Approved rent is non-transferable from the original site to a new or relocated site.

**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.

For year-round applications, the amounts budgeted per period do not have to be equally distributed (anticipated start-up delays e.g., due to advertising for staff); however, the four quarterly payments must equal the amount requested.

**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.

- Collect and report on demographics of event participants to include race, ethnicity, gender, age, county, and zip code.
- 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.
- Summarize event activities in detail to include the estimated number in attendance, counties served, challenges, and program successes.
  - Health Screening – report the results per each screening and a plan to follow-up on abnormal screening results.



**This Form is mandatory. Failure to respond to all questions will deem this grant application incomplete and the applicant will be disqualified. If information is cut off in electronic format, use additional pages.**

## **ADMINISTRATIVE COMPLIANCE**

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The Commission uses the information on this form to understand the applicant agency's internal policies and method of conducting business.

1. List all sources of agency funds.
  
  
  
  
  
  
  
  
  
  
2. List all sources of third-party funding.
  
  
  
  
  
  
  
  
  
  
3. Does the project's budget include documentation of 20% operational costs from sources other than the Commission?  
 YES  NO

If project income IS NOT maintained in a separate account, enter plans and timetable for doing so. If project income IS maintained in a separate account, describe how project income is identified or allocated to the project.

What actions will be taken if actual income is less than anticipated? (Explain where funds will be sought to replace deficit or which expenditures will be cut should no replacement funds be available.)

If actual income is greater than anticipated, it is desired to:

- Re-budget additional funds to expand the project.
- Return the funds to the Commission within 30 days of the end of the project period.
- Other (explain)

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.