



## COMMISSION ON MINORITY HEALTH

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October 17, 2022

Dear Colleagues:

The Ohio Commission on Minority Health announces the availability of funds to support **FY 23 Minority Health Month (MHM) grants through its MHM RFP – Round 4**. Grant funds will not exceed \$3,500 per applicant agency and funding level is based on the availability of state funding. The Commission will accept only ONE application per 501 (C) (3) agency.

Created in Ohio in 1989, Minority Health Month has been replicated as a national celebration since 2000. While we believe that the phenomenal participation over the years exemplifies the continued importance of this 30-day campaign, please pay close attention to the following aspects of planning and implementation including but not limited to:

- Assuring that while MHM is developed to reach minority communities, it serves all Ohioans.
- Providing virtual and in-person MHM programming using measures that allow safe implementation that align with the most current 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](http://coronavirus.ohio.gov) or call 1-833-4-ASK-ODH.
- Notifying the public of any changes in dates, locations of activities etc., after the closing date for the calendar of events is the sole responsibility of the grantee.
- Budgetary shifts without approval through a budget revision will result in nonpayment.
- Each applicant must conduct at least two separate activities on two separate days during April 2023.
- Applicants are required to complete a Proposed Event Form (MHM Activity Sheet in MHGM) for each planned MHM event. (This form is in the Grantee Forms section of our website); and
- Each funded grant must implement a Satisfaction Survey for **each** event. Applicants are welcome to use the Commission's Satisfaction Survey form.
- Each applicant must collect participant demographics for **each** event. As grantees will be expected to report on demographics in the final program report.

### **ELECTRONIC APPLICATION PROCESS - Minority Health Grant Management (MHGM) System**

All applicants must use the automated grant application and reporting system. **Applicants must use Google Chrome to access the MHGM system.** Prior grantees must update their log in passwords before accessing the system.

New applicants must complete a MHGM New User Registration form to access the system, it is important to allot time for this registration to occur.

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](http://www.mih.ohio.gov) on the Grant Opportunities page.

If selected for funding, approved applicants must submit a final program and fiscal report with support documentation for expenditures, an overview of participant demographics and all satisfaction surveys 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.

We strongly advise that you allot sufficient time to allow any questions you may have to be submitted via email and responded to, prior to the application deadline. Staff are only permitted to answer questions via email during open rounds of funding. Typically, responses are posted within 1-2 business days of receipt. **Please send questions to [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov).**

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

Please also note, that regardless of the type of event and whether there are other sponsors, the Commission's interest is in the promotion of good health and disease prevention. All activities must support this goal.

Lastly, to be able to implement healthy food demonstrations, to include food selection and food preparation activities, such activities must be conducted by a Licensed Dietician. The food demonstration should be "hands on" and provide a transfer of knowledge as documented through an evaluation tool.

**The deadline for submission for this funding opportunity in the MHGM system is 11:59 pm, November 18, 2022.**

You have our sincere appreciation for the services you provide to improve the health status of Ohioans. We look forward to your participation for virtual and in-person Minority Health Month 2023.

Sincerely,

*Angela C. Dawson*

Angela C. Dawson  
Executive Director

## Minority Health Month 2023 Technical Assistance

The pre-recorded **MHGM System technical assistance webinar** and the pre-recorded **MHM RFP technical assistance webinar** are located on our website at [www.mih.ohio.gov](http://www.mih.ohio.gov) on the Grant Opportunities page.

All potential applicants are strongly encouraged to view the technical assistance webinar.

### Frequently Asked Questions

Frequently Asked Questions and answers will be posted on our website. Please go to [www.mih.ohio.gov](http://www.mih.ohio.gov) to view. Once on the Commission's website, navigate to the Grant Opportunities page and scroll down to the Minority Health Month RFP section. If you have any additional questions, feel free to email program or fiscal questions to, [minhealth@mih.ohio.gov](mailto:minhealth@mih.ohio.gov). Please allow up to 1 – 2 business days and your question will be added to the bottom of the list.

**Ohio Commission on Minority Health  
Request for Proposal  
Fiscal Year 2023  
Minority Health Month Grant**

**BACKGROUND**

In 1989, the Ohio Commission on Minority Health developed the concept of a high-visibility campaign designed to focus on health awareness and disease prevention. In 2000 Minority Health Month became a national celebration. This 30-day campaign, held in April, consists of numerous activities designed to solicit the interest and participation of minorities or providers of health services to minority populations. The minority population is defined as **economically disadvantaged and includes targeting the following groups:**

- **African Americans**
- **Asian American/Pacific Islanders**
- **Hispanics/Latino Americans**
- **Native American/ American Indians/ Indigenous people**

While the month's focus was designed to reach minority Ohioans, services are provided to anyone who presents for appropriate services.

Demonstration of a positive impact on health knowledge, attitudes and/or practices is an expected outcome of all funded activities.

Minority Health Month, established annually by gubernatorial proclamation, focuses attention on the health of Ohio's minority populations. The purpose of the month is to:

- Promote healthy lifestyles.
- Provide crucial information to allow individuals to practice disease prevention.
- Showcase the resources for, and providers of, grass-roots health care and information.
- Highlight the resolution of the disparate health conditions between Ohio's minority and non-minority populations.
- Gain additional support for the on-going efforts to improve minority health year-round; and
- Increase the opportunity to collaborate with other community resources locally.

**CRITICAL ELEMENTS FOR MHM ACTIVITIES**

The following sections outline critical elements of all MHM activities to include virtual and in-person activities. The Commission reserves the right to reduce the requested funding level if the applicant is non-responsive to the criteria set forth in this Request for Proposal.

Diseases/Conditions

Priority will be given to applications that address one or more of the six diseases/conditions that constitute areas of concern for economically disadvantaged minority populations:

- Cancer
- Cardiovascular diseases, primarily hypertension
- Diabetes
- Infant mortality
- Substance abuse
- Violence

For MHM only, the Commission will consider funding projects that address other diseases and conditions that disproportionately affect minorities in Ohio based on documented need.

### Target Population

The Commission is interested in funding projects that are culturally sensitive and target economically disadvantaged African Americans, Asian American Pacific Islanders, Hispanics/Latino Americans, or Native American Indians. Some activities may target a specific segment of the minority population (e.g., men, women, children, teens, senior citizens).

Additional targeting may include those at greatest risk for a specific disease or condition. Therefore, age, gender, occupational, environmental, and/or geographic needs may be critical planning elements.

### Performance Standards

All proposals must satisfy the following minimum performance standards. Please provide detailed information in your proposal addressing how each standard will be met.

- **A minimum of two separate events on two separate days in April 2023** is required per applicant. **Separate means events are provided on different days.** In Person events and food demonstrations must be participatory or interactive in nature and be designed to teach or transfer skills or knowledge through an experientially based, “hands-on” approach.
- Provide an alternative plan that addresses issues such as weather, speaker cancellations, date change, no show, venue change or low attendance.
- All events should be age and culturally appropriate, and linguistically specific (i.e., language accessible to the target group).
- Events must be held in a healthy and safe environment to include the provision of MHM programming in virtual and or in-person manner such as webinars, zoom meetings, MS Office Team Meetings, or similar web based and multiple line teleconference call – in platforms.
- Grantees must complete and submit one final program and fiscal report (to include support documents) which is due in MHGM on the date listed in the AOT, if funded.
- Events should be educational, focused on **health awareness** and **disease prevention**.
- Events where **early detection and disease identification** activities are provided must incorporate appropriate protocols (pre-screening and /or referrals). Activities must also:
  - Be medically and technically accurate.
  - Be conducted in a clinically safe environment utilizing standard/universally (acceptable) precautions.
  - **Include a referral and follow-up process for persons with abnormal screenings.**
  - Include self-help instruction.
  - If performing mammography screenings, grantees must follow Commission guidelines for mammography screening activities. Mammography guidelines are available on the Commission website under the MHM tab.
  - Show costs based on the number of persons screened; and
  - If invasive procedures will be provided the applicant must:
    - a) Provide evidence of compliance with licensure standards for the State of Ohio.
    - b) Provide documentation of appropriate liability insurance coverage. Failure to do so may result in non-approval/payment for services.

## Transportation

- Public transportation is reimbursable (i.e., bus passes, uber vouchers, taxis, etc.) for program participants.
- Mileage for agency vehicles is reimbursable under administrative costs only.
- Car rental and reimbursement for gasoline is an unallowable expense.

## Incentives

- No cash incentives or awards are allowable.
- Gas cards are not allowable.
- Gift cards are allowable and must have a description of how they will be distributed based on participation in program activities.
- Gift cards may not be used to reimburse speakers.

## Food

- **Refreshments, sit-down meals, or catering services ARE NOT reimbursable under this grant.** Only events that contain food demonstrations are reimbursable under this grant.
- Events that include **food demonstrations** must be accompanied by transference of knowledge (i.e., handouts, recipe cards, cookbooks, etc.) and client participation.
- A Registered Dietician/Licensed Dietitian must conduct the education and food preparation. (Note: a caterer or chef cannot approve and supervise such events).

## Other Guidelines

- **Commission funds must not be used to pay for celebrity chefs or food for said chefs to prepare food.**
- **Commission funds may be used to pay for social media.**
- **Please note that retail sales of products are prohibited at MHM events.**
- Events that are defined as **workshops, training sessions, virtual education sessions**, etc. must verify and document that the content is age, gender, culturally and linguistically appropriate for the target population. Documentation must be included in proposals to verify the qualifications of speakers.
- All MHM activities must be conducted during the month of April 2023.
- Ensure that the dates you choose are realistic, check the availability of space and cost to reserve your date **before** you submit your proposal. This will help you avoid rescheduling and budget problems before and during MHM.
- Minority Health Month events must occur at times appropriate for the target population. For example, agencies should not schedule activities for families between 8 a.m. – 5 p.m., Monday through Friday, when many family members are at work or in school.
- Proposed activities should be appropriate to the time constraints of MHM. For example, a tobacco cessation program may be unrealistic for this campaign with recruitment, retention, and outcome issues.
- It is our preference that anticipated participants are not limited to membership of a church, organization, etc. Events should be free and open to the public unless there is a defensible justification for an exclusively internal event.

- You must complete one Proposed Event Form (MHM Activity Sheet in MHGM) for each MHM event. For example, if you have two events, you must submit two completed Proposed Event Forms (MHM Activity Sheets) in MHGM. If you have four events, you must submit four completed Proposed Event Forms (MHM Activity Sheets) in MHGM. This form is located on the [www.mih.ohio.gov](http://www.mih.ohio.gov) website, on the Grantee Forms Page, within the MHM documents section. This document will be an upload in the project documentation section of the MHGM MHM application. Completion includes a 30 word or less description of each event, (written in complete sentences), the date, time, virtual platform (if appropriate) and location of each event as well as contact details of an event staff person up through the day of each event. If you miss this deadline, we cannot guarantee that your events will appear in the statewide calendar.
- Please provide accurate event start and end times, web-based platform type and registration links (if applicable) and venue phone numbers as this information will be listed on all materials distributed by the Commission. The form can be found on our website at [www.mih.ohio.gov](http://www.mih.ohio.gov), at the bottom of the landing page. Then click on Grantee Forms and scroll to the MHM section. This document will be an upload in the project documentation section of the MHGM MHM application. Completion includes a 30 word or less description of each event, (**written in complete sentences**), the date, time, and location (or web-based platform) of each event as well as contact details of an event staff person up through the day of each event.

## **ELIGIBILITY**

Priority shall be given to grant applicants who develop services in accordance with the mission of the Commission. All applicants must meet the following eligibility criteria to be considered for Commission 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 (this excludes 501(c)(3) applications which are pending).
- Each application must include a copy of its 501(c)(3) status letter from the IRS. **Please Note: prior submission of a 501(c)(3) document in a previous grant application will not be accepted as a means of proving 501(c)(3) status.**
- Provide services via web-based platforms, or near economically disadvantaged
- minority communities or targeted to economically disadvantaged communities in their service area.
- Provide a street address or P.O. Box and office phone number.
- Only one application per agency will be accepted.
- The 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 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 “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. Additionally, it is the policy of the Commission not to award a grant or contract to any offeror that is subject to unresolved findings, debts or monies owed to any other State or Federal governmental entity. By submitting a proposal, offeror warrants that it is now, and will not become, subject to unresolved findings, debts or monies owed to any State or Federal governmental entity, without notifying the Commission of such finding. Failure to comply with this requirement will be considered a violation of the terms and conditions of the grant or contract.

**The following are ineligible for funding consideration:**

- Individuals.
- 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.
- Organizations in the process of creating or starting a "community-based health group" for the sole purpose of applying for grants from the Commission.
- Minority Health Month dollars cannot be used to replicate activities currently funded by the Ohio Commission on Minority Health or other funding sources; and

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 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.*

### **ADDITIONAL REQUIREMENTS**

The following are additional programmatic and fiscal requirements to consider when preparing your proposal in MHGM.

- 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.
- The Ohio Commission on Minority Health will not pay for medical services and/or personnel that can be covered by third party payers or other resources.
- Grantees that are membership organizations cannot charge cost differentials between members and the public for Commission funded events.



- The Commission requires full disclosure (itemized) of registration fees or other costs to the public at the time of application.
- Community Development Corporations that plan to rent space from an affiliated faith-based organization must submit verification that line-items constitute reasonable and customary costs; and the facility is adequately equipped compared to other venues, including costs for audio visual equipment, etc.
- All television, print and web-based media etc., developed under this grant must be submitted to the Commission IN ADVANCE (allow at least four weeks for review) of printing or production for approval and must clearly state “FUNDED BY THE OHIO COMMISSION ON MINORITY HEALTH” or display the Commission seal.
- Grantees must also place funding attributes on their agency website and social media that state, "Funded by the Ohio Commission on Minority Health", or grantees may use our Commission seal. The Commission seal is available on the agency website. Failure to comply with this requirement may result in disqualification of the item(s) for reimbursement.
- If funded, grantees will be notified in late January 2023. Immediately thereafter, grantees will be required to confirm each Proposed Event Form (MHM Activity Sheets in MHGM) on or before **February 1, 2023**.  
If you miss this deadline, we cannot guarantee that your events will appear in the statewide calendar. The final confirmation of events constitutes a contract between the grantee and the Commission. Changes without prior approval may result in non-reimbursement of funds.
- **The grantee must contact the Commission immediately (in writing) of any changes in the dates, times, or location of events, to include resubmission of changes on the MHM Activity Form.**
- The applicant must submit an invasive procedure form to indicate if they will or will not provide invasive screenings at one or more of their MHM events. This document will be an upload in the project documentation section of the MHGM MHM application.
- If MHM event dates, times, locations, or virtual based platforms change after you have confirmed, please alert the Commission as soon as possible. The Commission cannot guarantee your event will appear in the electronic calendar if changes are submitted after February 15, 2023.
- The grantee is responsible for providing notification to the public of the MHM event date, time, web based virtual platform and location changes.
- **A request for a budget revision must be submitted by February 15, 2023.**

**Satisfaction Survey Requirement:**

- The grantee is required to implement the satisfaction survey and all the included questions. The survey can be found on our website at [www.mih.ohio.gov](http://www.mih.ohio.gov) in the Grantee Forms section. **Please note** grantees can add additional questions to this survey or incorporate **all** of the OCMH survey questions into a pre-existing event survey.
- The grantee must summarize on the survey results to include the average response to each question and overall average score for each event as a part of their final report. **DO NOT** submit completed surveys with the final report.

## **FUNDING**

The maximum grant award for Minority health Month 2023 is up to \$3,500 per applicant.

**Approved MHM events will be paid on a reimbursement basis. Only those items in the approved budget, accompanied by receipts or invoices are reimbursable.** 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.

## **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. All grant applications must be complete (no missing mandatory documents) and submitted in the MHGM system to be considered for funding. **All applications must be submitted in the MHGM system by 11:59 p.m., November 18, 2022. All applications submitted after the time of 11:59 PM, will be considered late and will not be reviewed.**

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 Shared Services**

New applicants and past applicants (whose agency information has changed) must go to the Ohio Shared Services link <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/obm-shared-services> to complete or update the Vendor Information Form. [www.ohiosharedservices.ohio.gov](http://www.ohiosharedservices.ohio.gov). **DO NOT** submit OSS forms to the Commission. Agencies who are requesting Electronic Funds Transfers (EFT) must also contact Ohio Shared Services (OSS) and follow submission guidelines to submit forms directly to OSS. The Ohio Shared Services link is: <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/obm-shared-services>. Please note, agencies who have an address change must update through OSS.

## **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 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](http://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.

**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

**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 \$3,500. **Direct costs listed under Personnel, fringe benefits, other cannot exceed \$525.00**, which is 15% of the total 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
- Reflotron machines
- Copiers
- Refrigerators
- Baby/infant seats, cribs, clothing, shoes
- Wii and other high-priced computer games or Fitbits.

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)

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.)

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.

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 advertisement).
  - Note: Commission funds may be used to support social media.
  - Program supplies and incentives are two separate items.
  - **Incentives may not exceed 10% of the approved budget.**

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

1) Administrative charges: salaries of support staff (administrators, secretaries, accountants). Provide the percentage of time on the project per line-item. **Total indirect costs may not exceed \$525.00.**

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. 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.
- 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.

f. Provide the cost per unit for all administrative costs charged to the grant.

**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: November 18, 2022 – All forms must be dated January 1, 2022 – November 18, 2022.

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.



**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.