

Injury Prevention RFP Bidder's Meeting Questions – September 3, 2013

Q1: Would you please reconsider requirement in RFP for full-time injury prevention grant coordinator (using more and more team based injury prevention coordinators)?

A1: Due to a number of factors, only applications that have a full time injury prevention coordinator will be considered for the grant. ODH will not review applications that do not propose a full-time injury prevention grant coordinator (Please see page 16 and of the RFP and Appendix F. Key Personnel Form for more information).

- We made this decision in the best interest of the IP grants with the very limited funding we have for the entire state. When we increased the funding from the previous 2005-09 cycle from a budget ceiling of \$35,000 to \$65,000 in the 2010-13 cycle, we also required a FT coordinator. Prior to this, the work had often been split coded into 3 or more positions, each doing piecemeal "programs", but not having a vision of injury prevention and not building any internal capacity as an injury prevention professional. We believe the fulltime coordinator is critical to maintaining the integrity of the program, performing the other grant requirements and we want to build local capacity of IP professionals through these grants.
- It is important for ODH staff to have one contact person who is responsible for accomplishment of the grant requirements from an accountability standpoint.
- We have a list of IP professional core competencies that we expect the coordinators to strive towards during their funding cycle (see RFP- Appendix J) and we have provided and will continue to provide training/CE opportunities for such throughout the new funding period. We will also be providing guidance and technical assistance around the year 1 coalition evaluation and needs assessment requirements to coordinators if there is concern that these activities require a different skill set from the other activities.
- We listened to our grantees and increased the funding ceiling for larger counties (>200,000 population) from \$65,000 to \$80,000 during this funding cycle to help offset any local burden. However, due to the very limited federal funding available for this, we do expect that subgrantees demonstrate a strong local commitment to injury prevention as they are able, though no matching funds are required.

Q2: What is the annual award ceiling for each funded project?

A2:

- Counties with a population of less than 200,000* may apply for up to a maximum of \$65,000 (\$97,000 if applying for supplemental state coalition building funding – See Appendix D.1).
- Counties with a population greater than 200,000* may apply for up to a maximum of \$80,000 (\$112,000 if applying for supplemental state coalition building funding – See Appendix D.1).

Q3: If you are considering a proposal that spans several counties how would you calculate the maximum grant amount?

A3: The grant amount will be awarded based on the total population. Therefore, to calculate the maximum grant ceiling add the county populations together.

Q4: Can the full time injury prevention coordinator also work on other injury related projects such as Safe Communities or Safe Kids? Does the whole 1,700 have to be dedicated to this grant? What if you did Safe Communities or Safe Kids part time and then this grant?

A4: Yes the full time injury prevention coordinator can work on other injury prevention activities as long as they coincide and augment your overall proposal. For example, a child injury TBI prevention coordinator that also works on Safe Kids is acceptable. However, an older adults falls prevention coordinator that works on Safe Kids is not.

Q5: Are you limiting funding to one project per county?

A5: Yes. Due to limited funding, only one injury prevention project per county will be awarded, regardless of whether you are applying for different injury priority areas. Please check with your counterparts to see if they are also considering an application for the funding.

Q6: Can you subcontract with an agency that is also applying for another ODH funding opportunity (say Project DAWN) or would that be prohibited?

A6: Supplanting (replacing local funds with state or federal funds) and funding the same activity with different funding streams are not permitted. The reviews for the two RFP processes will be independent of one another; however, ODH staff are aware of proposals submitted for each opportunity..

Q7: Is there a sliding scale for the weighted scoring (appendix N)?

A7: No there is no sliding scale. Each county that meets the poverty and injury rate requirements will receive the additional points.

Q8: Can you also then fund another person if you're able to support more individuals with your grant funding?

A8: Yes.

Q9: Can you apply for more than one county? Does it mean more money if you apply for more counties?

A9: More counties will not result in additional grant funding unless adding more counties pushes the applicant over the 200,000 population ceiling amount (see Question 2).

Q10: Is the methodology work plan included in 30-page narrative limit?

A10: No it is not counted in the 30-page narrative limit.

Q11: How recent do you want local data to be?

A11: Local data should be as recent as is available in your area.

Q12: What is the timeline for the long term objective and program impact objective?

A12: The timeline is up to 5 years throughout the program period; however they may be of a shorter timeframe if appropriate. Due to the varied nature of focus areas and strategies to be funded, one timeframe is not prescribed for all funded projects. Long-term and impact objectives will be of a longer timeframe than process objectives. The process objectives and activities should be for the 12-month budget period.

Q13: What is the difference between an impact evaluation indicator and process objectives?

A13: Process objectives are what you hope to achieve within the 12-month budget period as a result of your activities. See examples in Appendix G. The evaluation measures should describe how you will determine if you have successfully accomplished your process objectives. They should be measurements of success in completing activities in your annual work plans.

Q14: If we don't have anyone hired yet to be our injury prevention coordinator, how do we document what the position will entail in the grant application?

A14: Applicants should include an official position description. If an official PD is not available, then include a sample of the coordinator's key responsibilities that will form the basis for the PD.

Q15: Should we include both a position description and a resume if we have someone identified for the coordinator position?

A15: Include anything that would strengthen your application.

Q16: When you talk about letter of agreement, are you looking for commitment to project activities or just letters of support?

A16: Yes. ODH is looking for commitment from stakeholders to participate on your projects and how these key partners will support your grant activities. The letters should demonstrate more than just support for project activities.

Q17: How will the coalition supplemental funding impact the scoring on the injury prevention grants? Do you select the focus area grant awards first? Is there some advantage to apply for the statewide coalition facilitation supplement?

A17: There is no advantage to grantees that apply for the supplemental funding. Applications for the supplemental and the primary injury priority areas are scored separately. Those applications that score in the competitive range for their focus area will then be considered for the supplemental funding, not the other way around.

Q18: If you want to work with a neighboring county and subcontract the award or part of the award in their county. Is that permissible?

A18: Yes.

Q19: How many supplemental grants will be awarded?

A19: An additional \$60,000 is available for **two (2) funded projects** (\$32,000 for CIAG/\$28,000 for falls coalition) to coordinate and administer statewide activities as described below as an extension of the Ohio Injury Prevention Partnership (OIPP).

- **1 award to coordinate the statewide Child Injury Action Group (CIAG) and its subgroups** composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to child health and safety (*only Focus Area 1. Unintentional Child/Youth Injury Prevention applicants*)
- **1 award to coordinate the statewide Falls Prevention Coalition** focusing on the older adult population to include all key representatives from statewide agencies and organizations, e.g., the aging network. (*only Focus Area 2. Falls among Older Adults applicants*)

Q20: Would you require a multi-county project to have several coalitions?

A20: No. You do not need separate coalitions if you are planning to do a multi-county project. You should be sure to obtain adequate geographic representation from members in each county.

Q21: Can you use an existing needs assessment tool to conduct the year 1 needs assessment?

A21: Yes. You can use an existing injury assessment tool. Just make sure to utilize a community assessment tool(s), not an internal agency assessment. ODH will provide additional guidance to funded projects on the needs assessment process.

Q22: If focused on child injury, and you want a secondary focus on another topic (e.g., drowning) should it be included in separate work plan?

A22: Yes, it should have its own work plan.

Q23: Will the grant fund grab bars and other home modification supplies?

A23: Yes. See list of unallowable costs in the RFP, page 12.

Q24: How does FTE requirement work for the supplemental funding?

A24: Grantee still has same requirements for primary focus area. How grantee chooses to address the supplemental coalition coordinator duties is at the grantee's discretion. There is no FTE requirement for the supplemental funding and grantees may use part-time positions or contracts to ensure that duties are covered.

Q25: Will having an existing poison death review (PDR) committee hurt our application?

A25: No, Applicants will not be penalized in any way for having an active county PDR process. Grantee could use grant funds to expand focus of existing PDR from just one substance to all substances or to include deaths from other counties, etc.

Q26: In large counties (or multi-county projects), do we have to review poisoning deaths of everyone?

A26: No. However, you should include a sampling method to ensure deaths reviewed will yield representative results.

Q27: Is there a list of counties that are currently funded?

A27: Yes. <http://www.healthyohioprogram.org/vipp/grants.aspx>

Q28: Is there a list of everyone who has submitted a notice of intent to apply for funding if we are interested in partnering with another agency or neighboring county?

A28: No. Need to check if we can release that information. Please contact ODH directly for more information.

Grants Services Unit – Questions for GSU

Q29: If my agency already has ODH grants and I have access to GMIS, will this grant show up on the GMIS work list?

A29: Yes. The grant will be available in your GMIS work list, subject to internal ODH processing of the letters of intent. The Notice of Intent to Apply for Funding (NOIAF) must be submitted to ODH by September 6th in order to apply for this grant.

Q30: How long is the training GMIS?

A30: Approximately an hour and half depending on the number of participants and questions.

Q31: Can we still take the GMIS training even if we have access as an agency?

A31: Yes.

New Questions Following the Bidders' Meeting

Q32: In reviewing the RFP it says that an evaluation of the existing coalition must be conducted during year 1 using guidance provided by ODH. Is there a specific tool you want us to use for the evaluation? If not please let me know what we need to use for this evaluation.

A32: Guidance on the specific evaluation strategies will be provided to successful applicants during year 1. For the purposes of the application, applicants should describe aspects of your coalition that could be evaluated (e.g., composition, function, results) and the steps necessary to conduct an evaluation of your existing coalition. Please refer to the review criteria (Appendix N) for what is expected in the RFP. Identification of a specific evaluation tool is not a requirement for the application.

Q33: The question is related to counties in the 75th percentile for injury mortality rates on slide 38 and page 90 of the RFP. By definition, one-quarter of the 88 counties should meet the criteria for 75th percentile so there should be 22 counties listed in each column of the slide. I counted 20 counties for poisoning, 11 for child injuries, and 25 for falls. Perhaps I am not understanding correctly about how the 75th percentile was calculated.

A33: The 75th percentile was calculated as follows: The 75th percentile threshold of all the county rates was first calculated and identified (In Excel, the formula used was =PERCENTILE(county1:county88, 0.75). For example, the 75th percentile rate was 16.275 for drug overdose. Counties with injury/poverty rates equal to or greater than that figure were identified and included in the Appendix. The intent is

to award additional scoring points to counties with disparately high injury death rates/poverty rates due to the limited amount of funding available for the state.

Q34: We have a small population and our injury counts are small. However, I feel like rural counties can also effectively get things done because we have a smaller group of stakeholders to work with. Would we be more competitive if we applied as a group of counties or would the application be scored the same regardless of population reached?

A34: The scoring criteria and process is included in Appendix N. Demonstrating local need is an important component of the application and accounts for 25 out of the 180 possible points. Multi-county proposals with realistic objectives are welcomed, though not required. It may strengthen the application of an agency from a very rural area to demonstrate a larger program reach given the limited funding available; however, there are no extra points awarded for larger populations. Reviewers will not be instructed to score differently based on population size. The demographics table (Appendix M) is a required attachment in order to provide background information for the reviewers about applicant communities, but it is not scored.

Q35: Are we able to use contracts with external entities to assist in meeting objectives? Are there limits to the amount that may be spent on contracts? I think I may have seen a line in the RFP application limiting contractual services to \$10,000.00.

A35: You may use the funds to sub-contract with local partners to assist in meeting your grant objectives. There is no limit to the amount of funding that may be allocated to the contractual line.

There is a \$10,000 limit for professional facilitator services in the Supplemental component ONLY. Those applicants applying for the supplemental funding may exceed \$10,000 in the contractual budget line for other services however. Professional facilitation refers specifically to meeting facilitation and does not include other tasks/duties related to statewide coalition group coordination (see Appendix D.1).

Q36: Is attendance at the bidders' meeting a requirement in order to apply?

A36: No. Attendance at the bidders' meeting is not a requirement for the application; however, submission of a Notice of Intent to Apply for Funding (3rd page of complete RFP packet) must be submitted by September 6, 2013. Additionally, first-time ODH applicants must attend a GMIS training. Appendix A (GMIS Training Form) must be completed and submitted per the instructions on the form.

Q37: When I read through the grant packet, I didn't see a specific timeline. Is this to be completed in a single year? Can it extend over 2 years for a larger scale data collection?

A37: The timeline for the grant project period and budget period are outlined on page 4 of the RFP packet:

J. Program Period and Budget Period: The program period will begin January 1, 2014 and end on December 31, 2018. The budget period for this application is January 1, 2014 through December 31, 2014.

Q38: Do you have an example of a funded grant that we see as a guideline for our preparation?

A38: No, we do not provide examples of funded grants.

Q39: Do you have any available time to discuss this grant and our proposal on the phone to gauge if it fits the vision of the program?

A39: At this time, all questions must be submitted in writing. ODH is unable to provide guidance or feedback on preliminary proposals. Questions and answers will be posted in the Frequently Asked Questions list at:

<http://www.healthy.ohio.gov/vipp/2014RFP.aspx>

Q40: Will there be another Bidder's Meeting or will the meeting be available via a webinar of archived meetings?

A40: No. There will not be another Bidders' Meeting but all slides/handouts and questions from the Bidders' Meeting are available at:

<http://www.healthy.ohio.gov/vipp/2014RFP.aspx>

Q41: The NOI will indicate that we will need GMIS 2.0 training. I am confirming that at this time, I do not have to also submit the Attachment A in the RFP for agencies requesting training.

A41: If you are a first-time ODH applicant and need to attend GMIS training, you MUST also complete Appendix A, GMIS training form in addition to the notice of intent to apply for funding form. Both forms are required and need to be submitted per the instructions on the form for those requiring GMIS training.

Q42: On page 56 of the RFP, there is an IP course mentioned that needs to be completed by the deadline for the 3rd quarter report, which is listed as 10/15/13. Does that course need to be completed by the application deadline or is that a mistake?

A42: The date on page 56 is a typo. It should be October 15, 2014, not 2013. This is in reference to a requirement for funded projects and is not a requirement for the proposal submission.

Q43: Can OARRS (Ohio Automated Rx Reporting System) information obtained by my local coroner be included in the Poison Death Review?

A43: ORC 4729.86 prohibits the release of the actual report itself. However, if information gleaned from the report is used to reach a professional conclusion, there is no prohibition against releasing that information (just not the OARRS report itself). So, if a coroner noted in his report that the decedent did not have a prescription for the medication that caused the death – and he got that info by looking at an OARRS report – there is nothing in Ohio law that prohibits him from releasing that conclusion.

In their commitment letters, coroners should commit to access OARRS in the process of investigating an overdose death and any professional conclusions derived from the reports (not the actual reports) included in their official report can be included in the PDR findings.

Q44: For the demographic table, it appears that the Ohio data might be older data. For example for the first cell in the table it says 2007 data. Can I use more recent data, such as the 2010 census data or 2007-2011 American community survey data or the Ohio County Indicators (July 2013) published by the Ohio Development Services Agency for my local data? If I use the more updated data, should I also update the Ohio data so it is comparable?

A44: Yes, you may use any year of data and the most recent data available is preferred. You may use any source (US census/ACS, Ohio Development, etc.) as long as you document where it came from so it could be replicated if needed. There is no expectation that you update the Ohio data. The purpose of the table is to provide some background information about your community/county as a reference point for the reviewers; however, it will not be scored.