



2024 Regional Grant Cycle Application Questions

Disclaimer: The following are the application questions for the 2024 Regional Grant Cycle. These questions are subject to change.

Conditional questions are shaded in grey and bolded.

Topic	Question	Response Type & Option(s)
Title	What is the title of your project/program?	Text Box
Abstract	Summarize the proposed project/program including the purpose of the primary activities, expected outcomes, the service area, intended beneficiaries, and subrecipients (if applicable and if known). The abstract should be written in third person and will be made publicly available if the project is awarded	Text Box [3,000 characters or less]
Organization's Experience & Qualifications	Provide an overview of the organization's history, qualifications, experience, readiness, and/or subject matter expertise to implement the proposed project/program. For example, how long you have been in existence, expertise of your staff, trained in cultural competency, experience administering grant funds, etc.	Text Box [3,000 characters or less]
Region(s)	Do you intend to apply for funding from more than one Region?	Multiple Choice, Yes or No
	If yes , you will need to submit an application for each Region.	Attestation of need for an application for each Region.
	Which Region are you applying for?	Drop down, 1 through 19

Topic	Question	Response Type & Option
County(ies)	Which county(ies) will your proposed project/program serve?	Choose all that apply
OneOhio Summarized Abatement Strategies List	Are you applying to one of the Region's funding priorities?	Multiple Choice, Yes or No
	If yes , which Regional funding priority are you applying to?	Drop down list of the OneOhio Summarized Abatement Strategies
	If no , which of the OneOhio Summarized Abatement Strategies are you applying for?	Drop down list of the OneOhio Summarized Abatement Strategies
Infrastructure Specific Questions	If you selected Infrastructure - Which of the OneOhio Summarized Abatement Strategies will the infrastructure request be used for?	Drop down list of the OneOhio Summarized Abatement Strategies
	Please describe the specific infrastructure item(s) for which funding is being requested.	Text Box [3,000 characters or less]
	Please go into detail about your infrastructure request by addressing the following questions: - What is the anticipated impact or benefit of the infrastructure request on the organization's operations, services, or programs? - How will you evaluate the success or effectiveness of the infrastructure request once implemented?	Text Box [3,000 characters or less]
	If your request is related to the building, purchasing or renovation of a building/facility, please share the annual amount of and source(s) of funding for ongoing operational costs.	Text Box [3,000 characters or less]
Licensure, Certification, Accreditation	Is your organization licensed, certified and/or accredited to provide the services you are seeking funding for?	Multiple Choice, Yes or No

Topic	Question	Response Type & Option
	If yes , please upload documentation showing your relevant licensure, certification and/or accreditation.	Document upload
	If no , please provide an explanation as to why you are not licensed, certified and/or accredited.	Text Box [2,000 characters or less]
Project/program Start Date	What is the anticipated start date of your project/program?	Drop Downs, Month & Year
Length of grant period requested	What is the proposed length of the project/program?	Drop Down, 12 months, 24 months, 36 months
Project/program Type	Is your application for a new project/program, expanded project/program, enhanced project/program, reinstatement of a former project/program, or a continued project/program? Grant funds cannot supplant existing activity or expenditures.	Drop Down, new, expanded, enhanced, reinstatement, continuation
Continuation	If continuation , describe how it will improve or increase the program AND how this request does not supplant current funding.	Text Box [3,000 characters or less]

Topic	Question	Response Type & Option
Evidence Based	How would you describe the evidence base of your proposed project/program?	Drop Down, evidence-based, evidence-informed, practice-based evidence, promising practice, innovation
	<p>If you select evidence-based, evidence-informed, practice-based, or promising practice:</p> <p>Please upload a document summarizing the research supporting the evidence base of your proposed project/program. Be sure to include the below information:</p> <ul style="list-style-type: none"> - The specific evidence supported practices/project/program/policies you intend to implement. As part of this, highlight studies, clinical trials, or systematic reviews that demonstrate their effectiveness including but not limited to formal citations with websites or DOI (Digital Object Identifier) links - Explain how these align with your proposed project/program's goals and target population. - Provide research evidence supporting the use of these practices/project/program/policies with your specific population. - Highlight studies, clinical trials, or systematic reviews that demonstrate their effectiveness including formal citations with DOI links. 	<p>Document upload</p> <p>12 point-font. 1" margins</p> <p>No more than two pages. Citations do not count against page total.</p>
	<p>If you selected innovation, please upload a document summarizing what evidence supports your proposed project/program. Be sure to include the following information:</p> <ul style="list-style-type: none"> - Why this innovation is needed - The rationale to support it - How will this make a difference 	<p>Document upload</p> <p>12 point-font. 1" margins</p> <p>No more than two pages. Citations do not count against page total.</p>
Determining Need	Please provide a response summarizing the data and its source that justifies the need for this project/program. Example: According to _____, ____% of Ohioans_____.	Text Box [3,000 characters or less]
Beneficiaries	How many people do you plan to serve/target with the proposed program/project request?	Fill in the blank, Enter the number of people

Topic	Question	Response Type & Option
	If your proposed project/program is targeting a special population, please indicate below: (Check all that apply.)	Multiple Choice: Minority communities, LGBTQ+ community, Immigrants, Gender-specific, Refugees, Veterans and military families, Individuals with physical and/or cognitive disabilities, Mental illness and co-occurring disorders, English as a second language (ESL) learners, Historically marginalized and underserved communities, Individuals experiencing homelessness, Rural or remote populations, Youth, Other (Please specify), Not applicable
	If other , what special population are you targeting?	Text Box [3,000 characters or less]
	What age group(s) is your project/program targeting?	Multiple Choice. Check all that apply. Children - Preschool (0 - 4 yrs), Children - Elementary School (5 - 10 yrs), Youth - Middle School (11 - 13 yrs), Youth - High School (14 - 17 yrs), Young Adult/College (18 - 22 yrs), Adult (23 - 59 yrs), Senior (60+ yrs), Not Age Specific
Diversity, Equity & Inclusion	How does your organization address diversity, equity, and inclusion (DEI)?	Text Box [3,000 characters or less]
	How does your proposed project/program incorporate DEI in your organization's engagement goals? If not applicable, please enter not applicable in the text box.	Text Box [3,000 characters or less]
Program Description	Outline the project/program, detailing activities, types of services to be provided, their delivery method, list any assessments conducted, and how the project/program is evaluated.	Text Box [3,000 characters or less]
Outcomes	Use the table below to identify expected outcomes for your project/program and how the outcomes will be measured.	Chart with Fields (See Appendix A)

Topic	Question	Response Type & Option
Community Involvement	Does this project/program have any other organizations and/or community partners that will be involved?	Drop Down. Yes or No.
	If yes , please describe the community involvement plan including any local community partners/agencies that you plan to collaborate with.	Text Box [3,000 characters or less]
	If yes , are you the lead applicant?	Drop Down. Yes or No.
Budget Request \$	Enter total request amount	Number field \$
Budget Narrative	Briefly describe the plan and cost associated with your budget request for the proposed program/project budget.	Text box [3,000 characters or less]
Fiscal Monitoring	Briefly describe how you will monitor and manage grant funds?	Text Box [3,000 characters or less]
Sustainability	Will you continue programming funded with OneOhio Recovery Foundation dollars after the funding you receive from the Foundation ends?	Multiple Choice. Yes or No.
	If yes , describe how you will sustain services and activities after funding ends.	Text Box [3,000 characters or less]
Grant Budget Proposal	2024 Regional Grant Budget Proposal	(See Appendix B)
Other Funds	If applicable, please describe the source of your “Other Funds” and whether those funds have been requested or secured.	Text Box [3,000 characters or less]

Appendix A

Proposed Outcomes

Use the table below to identify expected outcomes for your project/program and how the outcomes will be measured.

<p style="text-align: center;"><u>Goal/Impact</u> What are you going to achieve? What impact will you make?</p>	<p style="text-align: center;"><u>Measure</u> What will be the measurable outcome for this goal?</p>	<p style="text-align: center;"><u>Data Source</u> What information are you going to collect or use to demonstrate you have accomplished your goal?</p>	<p style="text-align: center;"><u>Proposed Outcome</u> What is your expected outcome? (#/% change)</p>
<p><i>Examples:</i> Decrease the number of overdoses in Trumbull/Mahoning Counties</p>	<p style="text-align: center;"><i>Increase in substance use disorder screening activities</i></p>	<p style="text-align: center;"><i>Data will be collected through reports from?</i></p>	<p style="text-align: center;"><i>The number of overdoses will decrease by 10% from last calendar year to this calendar year. Outcomes will be reported quarterly.</i></p>

Appendix B

2024 Regional Grant Budget Proposal

Category	OneOhio Request	Other Funds	Total	OneOhio Expense Description
Payroll & Benefits				
Contracts				
Supplies				
Equipment				
Sub-Grants				
Capital Cost				
Admin Support				
Budget Total				