



MEMORANDUM

Date: July 17, 2024

To: Competitive Applicants

From: Jennifer Voit  
Chief, Bureau of Health Improvement and Wellness  
Ohio Department of Health

Subject: Injury Prevention-Child Injury Prevention (IC25)  
Oct. 1, 2024-Sept. 30, 2025

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness (BHIW), Violence and Injury Prevention Section (VIPS) announces the availability of grant funds. All electronic applications and attachments are due by **4 p.m., Monday, Aug. 26, 2024**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a **Bidder's Conference** that will be held via webinar on **Monday, August 5, 2024 at 2 p.m.** Microsoft Teams meeting.

**Join on your computer, mobile app or room device**

[Join the meeting now](#)

Meeting ID: 269 144 960 37

Passcode: HWVEAb

**Dial in by phone**

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To join the meeting, please click on "Join Microsoft Teams Meeting" above. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead." There is also a call-in number above if you do not plan to use your device's audio. Please note, this program works best in Google Chrome. A copy of the presented content will be available upon request.

This is a competitive solicitation. All interested parties must submit a **Notice of Intent to Apply for Funding (NOIAF)** form (Appendix A), no later than **4 p.m. August 5, 2024**, to be eligible to apply for funding. NOIAF forms should be emailed to [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@odh.ohio.gov). The NOIAF allows ODH Grants Administration Unit (GAU) to create a grant application account for your organization using the Grants Management Information System (GMIS). All grant applications must be submitted via the Internet using GMIS. Applicants must attend or must document in writing, prior attendance at GMIS 2.0 training to receive authorization for Internet submission. Please complete and submit the **ODH GMIS 2.0 Form. (Appendix B) no later than 4 p.m. on August 5, 2024**, to the GAU Grants System Administrator, Maria Kapenda, [maria.kapenda@odh.ohio.gov](mailto:maria.kapenda@odh.ohio.gov)

ODH Encourages the immediate submission of the NOIAF form. Workplan and additional application templates will be sent via email to all applicants after submitting their NOIAF. If you have questions, please contact Tiffany Boykins at [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR  
BUREAU OF HEALTH IMPROVEMENT AND  
WELLNESS  
VIOLENCE AND INJURY PREVENTION  
SECTION  
INJURY PREVENTION-CHILD INJURY  
PREVENTION

## INJURY PREVENTION-CHILD INJURY PREVENTION PROGRAM ( SOLICITATION FOR FISCAL YEAR 2025 IC25 (10/1/2024 – 9/30/2025)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/29/2023  
For grant starts 4/1/2024 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and Q, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (**NOIAF – Appendix A**) must be submitted by **August 5, 2024** so access to the online application can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained in the following website: <http://supplier.ohio.gov/>

**Note:** Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

### **Budget Justification Certification language**

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.

- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Application Name:** Injury Prevention-Child Injury Prevention

**C. Purpose:** The Preventive Health and Health Services Block Grant (PHHSBG) Injury Prevention Program reflects the commitment of ODH to meet community need with programming for child injury prevention implemented at the local level. The goal of this grant is to reduce injuries and deaths of Ohio children related to traumatic brain injury (sports concussion and falls), Adverse Childhood Experiences (ACEs)/Positive Childhood Experiences (PCEs) ( youth violence, and child maltreatment), Transportation Safety (child passenger, teen driving, and bicycle and pedestrian safety) and drowning, through comprehensive, multi-faceted, population and evidence-based programs at the local level that address the risk associated with these unintentional injuries and deaths.

**D. Qualified Applicants:** All applicants must be a local public or non-profit agency, able to show through their response to this application that they are able to implement strategies as required. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B). Applicants will be either local or statewide. Up to two local applicants will be funded.

The following criteria must be met for grant applications to be eligible for review:

1. The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. The applicant has not been certified to the Attorney General's (AG's) office.
3. The applicant submitted an application and required attachments by **4 p.m. on Aug. 26, 2024.**

**E. Service Area:** All funded projects are expected to target high risk populations in their county. Applications may include a single county project or multiple county project area. Please define by area (e.g., county, city, or township) or, census tracts, census block groups, census block.

**F. Number of Grants and Funds Available:** The federal Preventive Health and Health Service Block Grant (PHHSBG) supports this program. Up to two (2) grants may be awarded for a total amount of \$220,000. Eligible agencies may apply for up to \$110,000. The entire project period is Tuesday, Oct. 1, 2024- Tuesday, Sept. 30, 2028. If PHHSBG is not funded in the federal fiscal year budget, ODH may be unable to fund the 2025 injury prevention subgrantees. No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review. This will be a 4-year grant with years 2-4 being continuation grant applications.

**IMPORTANT:** More information about the focus area of child injury prevention will be found in Appendix E (Year 1 Required Strategies and Guidance). It is strongly recommended that you print and carefully read and review

all related appendices before you begin the application.

- G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4 p.m. by Monday, Aug. 26, 2024**. Applications and required attachments received after this deadline will not be considered for review.

Contact Tiffany Boykins at [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.991.

- I. Goals:** The ODH Violence and Injury Prevention Section is seeking to reduce injuries and fatalities of Ohio children related to Traumatic Brain Injury (youth concussion and falls), Adverse Childhood Experiences (ACEs)/Positive Childhood Experiences (PCEs) (youth violence and child maltreatment), Transportation Safety (child passenger, teen driving, bicycle/pedestrian safety) and Drowning, through a comprehensive, multi-faceted, population and evidenced-based programs at the local level that address the risk associated with these unintentional injuries and deaths. These injury related areas have been identified as the leading causes of injury and injury-related death for Ohio children (see Appendix G for more details).

- J. Program Period and Budget Period:** The program period will begin Oct. 1, 2024 and end on Sept. 30, 2028. The budget period for this application is Oct. 1, 2024 through Sept. 14, 2025.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness, 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes, and 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health, and PHAB standards are available at the following website: [http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf).

- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary — Applicants are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to identify trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.

- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* —Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, note this when submitting the program summary with the grant application. If an applicant has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. *Evidence of Health Equity Strategies*

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment for Ohio's health data) at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/>.
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones>.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>.
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.



The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to be used.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more diseases, death, or disability is beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. Human Trafficking:** Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals. ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- Victims of human trafficking are included in your agency's target population.
  - At-risk population.
  - Mental health population.
  - Homeless population.
- Agencies that promote the expansion of services to identify and serve those affected by human trafficking.  
      X   Applicable         Not Applicable    Injury Prevention-Child Injury Prevention

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Tiffany Boykins at [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@odh.ohio.gov).
- P. Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, Aug. 26, 2024 at 4 p.m.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.
- T. Review Criteria:** All proposals will be scored on the quality, clarity, and completeness of the application. Applications will be scored according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
  3. Is well executed and can attain program objectives.
  4. Describe [SMARTIE](#) (Strategic, Measurable, Achievable, Relevant, Time-Bound, Inclusive and Equitable) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
  5. Estimate reasonable cost to the ODH, considering the anticipated results.
  6. Show that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel to reflect the communities served through grant funds.
  7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
  8. Respond to the special concerns and program priorities specified in the Solicitation.
  9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
  10. Are compliant with OGAPP.
  11. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.

12. Describe activities which support the requirements outlined in Sections I. through M. of this Solicitation Program. It is recommended that the applicant refer to the Application Review Form, Appendix D, when reviewing your application BEFORE submission in GMIS. Successful applications will be ones that contain all the information found in Appendix D and will likely be scored higher than those applications that do not have all the information contained in Appendix D.

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given solicitations. **There will be no appeal of the Department's decision.**

**U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

**V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law. ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, Violence and Injury Prevention Section and as a sub-award of a grant issued by Centers for Disease Control and Prevention, under the Preventative Health and Health Services Block Grant, grant award number 1 NB01TO000057-01-00, and CFDA number 93.991.”

**W. Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases any additional funds.

**Note:** Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipients program reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. Quarterly reporting will be based on the Work Plan and guidance on how to report will be provided at the beginning of the grant year. **Program reports that do not include required attachments will not be approved.**

All program report attachments must clearly identify the authorized program name and grant number.

  X   Program Reports Required           No Program Reports Required

Period	Report Due Date
Oct. 1 – Dec. 31, 2024	Dec. 31, 2024
Jan. 1- March 31, 2025	March 31, 2025
April 1 – June 30, 2025	June 30, 2025
July 1 – Sept. 30, 2025	Sept. 30, 2025

**New Program Coordinators/Directors Meeting:** At least one representative from your agency must attend a new program coordinator meeting to be held at the beginning of the grant year. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded sub grantees early in the grant cycle. There will be information provided on Ohio Department of Health Grants Administration Policies and Procedures (OGAPP) including reporting requirement, responding to grant special conditions, budget revisions, etc., as well as program-specific information.

**Ohio Injury Prevention Partnership Meetings:** The Ohio Injury Prevention Partnership (OIPP) is a statewide group of professionals representing a broad range of agencies and organizations concerned with building Ohio’s capacity to address the prevention of injury, particularly related to the group’s identified priority areas. The group is coordinated by ODH with funds from the Centers for Disease Control and Prevention. The OIPP advises and assists ODH Violence and Injury Prevention Section with establishing priorities and future directions regarding injury and violence prevention initiatives in Ohio. The costs associated with attending these meetings are an allowable expense for this grant proposal and should be included in the budget. Attendance and active participation in the OIPP is a requirement of funded projects.

**Ohio Child Injury Action Group Attendance and Sub Committee Involvement:** Applicants are required to be involved in statewide efforts for child injury prevention. The ODH Violence and Injury Prevention Section facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity. As a community receiving funding to work on this issue, these strategies, successes, lessons learned, and emerging best practices should not be completed in a vacuum. The emphasis for funded projects is two-fold – first, to make a positive impact on injuries and fatalities within the county, and second, to share information and support other counties seeking information or guidance. Funded counties will be considered leaders among their peers in child injury prevention and should subsequently be willing to share their experiences and knowledge.

**Facilitate Annual Grantee Conference Call:** Each funded applicant will be required to coordinate and co-facilitate a conference call with other funded projects. All applicants are expected to attend the bimonthly conference calls scheduled by ODH with program consultant assigned.

**Required Funding Statement and Acknowledgement:** Funded applicants must acknowledge the Ohio Department of Health, Violence and Injury Prevention Section when publicly referencing the activities contained within this agreement. During all presentations and meetings with partners outside of their local coalition, funded applicants must acknowledge funding and technical support from the ODH Violence and Injury Prevention Section. Additionally, funded applicants must utilize a funding statement provided by ODH on all printed materials. This funding statement will be provided at the start of each grant year.

**Participation in Site Visit:** Funded applicants are required to participate in a site visit on a timeframe to be determined by the Ohio Department of Health, Violence and Injury Prevention Section.

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient monthly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
Oct. 1 – 31, 2024	Nov. 10, 2024
Nov. 1 – 30, 2024	Dec. 10, 2024
Dec. 1 – 31, 2024	Jan. 10, 2025
Jan. 1 – 31, 2025	Feb. 10, 2025
Feb. 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	Aug. 10, 2025
August 1 – 31, 2025	Sept. 10, 2025
September 1 – 30, 2025	Oct. 10, 2025

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: (**please see example below**).

Period	Report Due Date
Oct. 1 – Dec. 31, 2024	Jan. 10, 2025
Jan. 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025
July 1 – Sept. 30, 2025	Oct. 10, 2025

**Note:** Obligations not reported in the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.

- **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before Nov. 5, 2024. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final subrecipient expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button constitutes an authorization of the submission by the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.

**X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time-period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted to GMIS.

**Y. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
16. Food and Refreshments
17. Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications; Clinical care (except as allowed by law); Publicity and propaganda (lobbying); Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.**

**AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that spend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH Grants Services Unit, (GSU) within 30 days. Reference:

OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other material findings, must include a cover letter which:**

- Lists and highlights the applicable findings.
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.



**AB. Application Submission: Formatting Requirements: Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).**

- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation on 8 ½ by 11-inch paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 30 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &  
submit  
online.**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov).
10. Public Health Impact Statement Summary (**non-health department only**)
11. Statement of Support from the Local Health Districts (**non-health department only**)
12. Attachments as required by Program
  - **Executive Summary** -1-page limit- named insert "Agency Name\_Executive Summary\_2025". Only the first page of the executive summary will be scored.
  - **Program Narrative**-25-page limit -named "Insert Agency Name\_Narrative\_2025. Narrative must adhere to the guidance provided below.
  - **Work Plan** – no page limit – use template provided Named "Insert Agency name\_Workplan\_2025".
  - **Budget Narrative** – no page limit – Named "Insert Agency Name\_Budget\_2025". This funding is deliverables-based, and the required budget narrative should follow the template provided (follow scenario #1).

- **Letters of Support** should be saved together as one .pdf named “Agency Name\_LOS\_2025”.
- **Travel Letter** –to attend OIPP annual meeting in-person and professional development conference or training. Named “Insert Agency name\_Travel Letter\_2025.”
- **Position Descriptions and Resumes**-no page limit- Named “Insert Agency name\_Resume and Job Description\_2025”.

## II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding (NOIAF) is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH’s GMIS system indicates acceptance of OGAPP. Submission of the application constitutes an authorization by the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

**A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and ODH.

**B. Budget:** Prior to completion of the budget section, please review page 16 of the Solicitation for unallowable costs. A match or applicant share is not required by this program. Do not include match or applicant share in the budget and/or the applicant share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** For deliverable subgrants - provide a budget justification narrative outlining how the deliverable will be met.
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs for the period Feb. 1, 2025 to Jan. 31, 2026.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

**All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.**

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

The applicant shall itemize all equipment (minimum \$1,000, unit cost value) to be purchased with grant funds in the Equipment Section.

The applicant shall retain all original fully executed contracts on file.

**3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

**C. Assurances Certification:** Each subrecipient must submit the assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

**D. Project Narrative:**

**1. Executive Summary:** Identify the population of focus, services, and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address. Quote the total funds requested and how they will be primarily used.

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. (see standards below)

- National CLAS Standards  
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

**3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity. Include a description of other agencies/organizations, in your area, also addressing this problem/need

**Methodology:** In narrative form, identify the program goals, **SMARTIE (Strategic, Measurable, Achievable, Relevant, Time-Bound, Inclusive and Equitable)** process, impact, or outcome objectives and activities. You can find more information regarding SMARTIE goals here: <https://www.managementcenter.org/resources/smartie-goals-worksheet/#:~:text=SMARTIE%20stands%20for%20Strategic%2C%20Measurable,by%20tangible%20and%20actionable%20steps.> Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

**E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.

**F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>. Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov).

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed to submit the application.)**

**G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be uploaded in GMIS by **4 p.m. on or before Monday, Aug. 19, 2024.**

### III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Request Form
- C. C1. Deliverable – Objective Descriptions  
C2. Deliverable – Objective Allocations
- D. Application Review Form
- E. Year 1 Required Strategies and Guidance
- F. Solicitation Application Instructions
- G. Leading Injury-Related Mortality and Morbidity Data Among Children 0-18 Years, Ohio
- H. Workplan Template



## Appendix A

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of  
Medical Director

Bureau of Health Improvement and  
Wellness

Injury Prevention-Child Injury Prevention

### Submission Required

See due date below.

New Applicants must submit the  
GMIS Access form with the Notice of  
Intent to Apply for Funding Form

Reimbursement

Type

Select one of the  
options below:

☐ Monthly

OR

☐ Quarterly

ALL THE INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

**NOTE:** The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency  
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

**If yes, no further action is needed. If not,** ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients' future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@odh.ohio.gov) BY August 5, 2024.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

## Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

### GMIS Training, User Access, Access Change or Deactivation Request

**One request per person.** Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that the account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.

Date: \_\_\_\_\_

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: \_\_\_\_\_

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

Or Effective Date of Deactivation (GMIS 2.0 access only): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to:

\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Deliver Requests to Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: [Maria.Kapenda@odh.ohio.gov](mailto:Maria.Kapenda@odh.ohio.gov)

## Appendix C1

**Name of Subgrant Program: Injury Prevention-Child Injury**

**Prevention Budget Period: Tuesday, Oct. 1, 2024 – Tuesday, Sept. 30, 2025**

**# of Deliverables: 16**

**Use Budget Justification Scenario #:1**

### **X \_\_\_\_\_ Deliverables Only**

#### **Local Community Coalition**

**Description:** Between Oct. 1, 2024, and Sept. 30, 2025, the subrecipient will build capacity by establishing, or enhancing existing local coalition work. Agency will also conduct an activity to build capacity or enhance coalition. Please specify if your agency will build capacity or enhance an existing local coalition.

- **Deliverable 1:** By Dec. 31, 2024, March 31, 2025, June 30, 2025, and Sept. 30, 2025, subrecipient will submit quarterly local coalition meeting minutes and attendance sheets (if subrecipient is establishing a new coalition they may submit recruitment efforts for quarter one instead of meeting minutes and attendance sheets) for local coalition development and submit to ODH Program Consultant via REDCap.
- **Deliverable 2:** By Sept. 30, 2025, subrecipient will complete one local coalition activity listed in Appendix E and submit to ODH Program Consultant via REDCap.
- **Deliverable 3:** By June 30, 2025, subrecipient will complete one strategic plan activity listed in Appendix E and submit to ODH Program Consultant via REDCap.

#### **Statewide Coalition & Implementation of State Plans**

**Description:** By Sept. 30, 2025, subrecipient will actively support and participate in the state's injury and child injury coalitions. Subrecipients are required to support the statewide Ohio Injury Prevention Coalition (OIPP) and the Child Injury Action Group (CIAG) coalition by actively participating in meetings (in-person and virtual), leading a select CIAG subcommittee, and aligning subcommittee plans with state efforts.

- **Deliverable 4:** By Dec. 31, 2024, March 31, 2025, June 30, 2025, and Sept. 30, 2025, subrecipient will facilitate quarterly CIAG subcommittee meetings using the ODH approved templates and submit meeting agendas and minutes as evidence of facilitation, to ODH Program Consultant via REDCap.
- **Deliverable 5:** By Sept. 30, 2025, subrecipient will actively participate in three Ohio Injury Prevention Partnership and three Child Injury Action Group meetings. Attendance at the annual in-person OIPP meeting is required. Agency will submit an attendance document to ODH Program Consultant via REDCap.

#### **Child Injury Awareness Week or Month Mobilization**

**Description:** subrecipient will work with their local coalition to plan participation in a child injury prevention awareness week or month, as related to subrecipients focus area, which must include a local event and/or communication campaign.

- **Deliverable 6A:** By March 31, 2025, the subrecipient will submit a child prevention awareness plan via Word document that includes a communication plan, tentative schedule for posts/advertisements and/or event details to ODH Program Consultant via REDCap.
- **Deliverable 6B:** By Sept. 30, 2025, the subrecipient will submit documentation via REDCap that demonstrates implementation of child prevention awareness plan using guidance in Appendix D to ODH Program Consultant via REDCap.



### **Professional Development**

**Description:** Between Oct. 1, 2024, and Sept. 30, 2025, subrecipient will enhance the agency's knowledge and skills related to the child injury focus areas in their approved grant by attending one national or state-level conference or training.

- **Deliverable 7:** By Sept. 30, 2025, Coordinator or designee will attend one national or state-level conference, or complete professional development training related to IC grant focus areas as approved by ODH. Types of activities under this deliverable include conferences, trainings, workshops, and/or course. Agency will submit documentation of ODH approval, proof of attendance, and conference agenda/course syllabus to Program Consultant via REDCap.

### **Workplan & Capacity Assessment**

**Description:** Between Oct. 31, 2024, and Sept. 30, 2025, subrecipients are required to monitor and track outcomes based on a capacity assessment provided by ODH and update workplan submitted in application.

- **Deliverable 8:** By March 31 and June 30, 2025, Subrecipient will submit updated workplan with progress/status section completed using outcome indicators via REDCap.
- **Deliverable 9:** By Oct. 31, 2024, subrecipient will submit a baseline capacity assessment provided by ODH Program Consultant via GMIS.
- **Deliverable 10:** By Sept. 30, 2025, subrecipient will submit year-one capacity assessment via REDCap.

### **Full-time Coordinator Requirement**

**Description:** Subrecipients are required to verify semi-annually that agency employs one full-time staff (no fewer than 1,700 hours per year) assigned as the injury prevention coordinator whose sole duties are to administer the Child Injury Prevention grant, as required in the competitive grant solicitation.

- **Deliverable 11:** By March 31, 2025, and Sept. 30, 2025, Agency must submit full-time coordinator documentation to ODH Program Consultant via REDCap.

### **Policy, Systems and Environmental Change (PSEC) #1**

**Description:** Subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix E. By Sept. 30, 2025, subrecipient will identify, provide technical assistance, collect data, and implement a community-specific policy, systems, or environmental change.

- **Deliverable 12A:** By Dec. 31, 2024, subrecipient will submit at least one new signed partner agreement, memorandum of understanding (MOU) or letter of commitment for selected PSEC #1 to ODH Program Consultant via REDCap.
- **Deliverable 12B:** By March 31, 2025, subrecipient will submit technical assistance efforts to include any trainings or documents developed, and an updated data tracking framework using metrics provided by ODH, for selected PSEC #1 to ODH Program Consultant via REDCap.
- **Deliverable 12C:** By June 30, 2025, subrecipient will submit evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#1, to ODH Program Consultant via REDCap.
- **Deliverable 12D:** By Sept. 30, 2025, subrecipient will submit evidence of implementation of strategy and an updated data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E agency must submit updated data tracking framework and a PSEC Impact Statement specific to the PSEC #1, to Program Consultant via REDCap.

### **Policy, Systems and Environmental Change (PSEC) #2**

**Description:** Subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix E. By Sept. 30, 2025, subrecipient will identify, provide technical assistance, collect data, and implement a community-specific policy, systems, or environmental change.

- **Deliverable 13A:** By Dec. 31, 2024, subrecipient will submit at least one new signed partner agreement, memorandum of understanding (MOU) or letter of commitment for selected PSEC #2 to ODH Program Consultant via REDCap.
- **Deliverable 13B:** By March 31, 2025, subrecipient will submit technical assistance efforts to include any trainings or documents developed, and an updated data tracking framework using metrics provided by ODH for selected PSEC #2 to ODH Program Consultant via REDCap.
- **Deliverable 13C:** By June 30, 2025, subrecipient will submit evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC #2, to ODH Program Consultant via REDCap.
- **Deliverable 13D:** By Sept. 30, 2025, subrecipient will submit evidence of implementation of strategy and an updated data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must submit updated data tracking framework and a PSEC Impact Statement specific to the PSEC #2, to Program Consultant via REDCap.

### **Policy, Systems and Environmental Change (PSEC) #3**

**Description:** Subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix E. By Sept. 30, 2025, subrecipient will identify, provide technical assistance, collect data, and implement a community-specific policy, systems, or environmental change.

- **Deliverable 14A:** By Dec. 31, 2024, subrecipient will submit at least one new signed partner agreement, memorandum of understanding (MOU) or letter of commitment for selected PSEC #3 to ODH Program Consultant via REDCap.
- **Deliverable 14B:** By March 31, 2025, subrecipient will submit technical assistance efforts to include any trainings or documents developed, and an updated data tracking framework using metrics provided by ODH, for selected PSEC #3 to ODH Program Consultant via REDCap.
- **Deliverable 14C:** By June 30, 2025, subrecipient will submit evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#3, to ODH Program Consultant via REDCap.
- **Deliverable 14D:** By Sept. 30, 2025, subrecipient will submit evidence of implementation of strategy and an updated data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must submit updated data tracking framework and a PSEC Impact Statement specific to the PSEC #3, to Program Consultant via REDCap.

### **Policy, Systems and Environmental Change Supportive #1**

**Description:** Between Oct. 1, 2024 and Sept. 30, 2025, subrecipient will select one PSEC supportive activity related to focus area selected in Deliverables 12-14. These activities must enhance and complement primary PSEC activities and are not meant as stand-alone initiatives.

- **Deliverable 15A:** By March 31, 2025, subrecipient will submit an implementation plan and an updated data tracking framework for PSEC Supportive activity #1 to ODH Program Consultant via REDCap.
- **Deliverable 15B:** By Sept. 30, 2025, subrecipient will provide evidence of implementation and an updated data tracking framework for selected PSEC supportive activity #1 to ODH Program Consultant via REDCap.

## **Policy, Systems and Environmental Change Supportive #2**

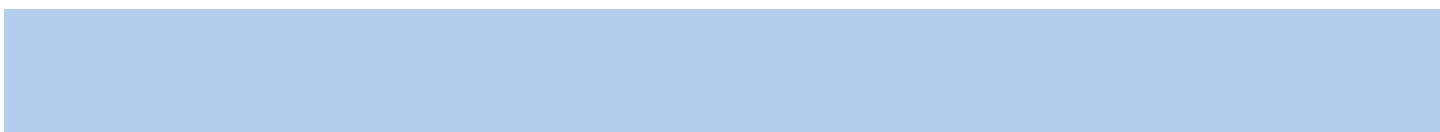
**Description:** Between Oct. 1, 2024, and Sept. 30, 2025, subrecipient will select one PSEC supportive activity related to focus area selected in Deliverables 12-14. These activities must enhance and complement primary PSEC activities but are not meant as stand-alone initiatives.

- **Deliverable 16A:** By March 31, 2025, subrecipient will submit an implementation plan and an updated data tracking framework for PSEC Supportive activity #2 to ODH Program Consultant via REDCap.
- **Deliverable 16B:** By Sept. 30, 2025, subrecipient will provide evidence of implementation and an updated data tracking framework for selected PSEC supportive activity #2 to ODH Program Consultant via REDCap.

**Appendix C2****Name of Subgrant Program: Child Injury Prevention (IC)****Form# OFA-012****Budget Period: 10/01/2024 - 09/30/2025****# of Deliverables: 16****Use Budget Justification Scenario #: 1**☐ **Base Only**☐ **Base and Deliverables**☒ **Deliverables Only**

	<b>Name of Subrecipient or County or Region</b>	<b>Name of Subrecipient or County or Region</b>	<b>TOTAL</b>
<b>Deliverable 1 (Local Community Coalition Meeting Minutes)</b>	\$4,000	\$4,000	\$8,000
<b>Deliverable 2 (Local Community Coalition Activity)</b>	\$2,000	\$2,000	\$4,000
<b>Deliverable 3 (Local Coalition-Strategic Plan Activity)</b>	\$2,000	\$2,000	\$4,000
<b>Deliverable 4 (Child Injury Action Group (CIAG) Subcommittee Facilitation)</b>	\$4,000	\$4,000	\$8,000
<b>Deliverable 5 (Ohio Injury Prevention Partnrship (OIPP) and CIAG attendance)</b>	\$3,000	\$3,000	\$6,000
<b>Deliverable 6 (National Awareness Mobilization)</b>	\$3,500	\$3,500	\$7,000
<b>Deliverable 7 (Professional Development)</b>	\$2,000	\$2,000	\$4,000
<b>Deliverable 8 (Workplan)</b>	\$1,000	\$1,000	\$2,000
<b>Deliverable 9 (Baseline Capacity Assessment)</b>	\$1,000	\$1,000	\$2,000
<b>Deliverable 10 (Year-1 Capacity Assessment)</b>	\$2,000	\$2,000	\$4,000

<b>Deliverable 11 (Full-time Coordinator Requirement)</b>	\$500	\$500	\$1,000
<b>Deliverable 12 (Policy, Systems and Environmental Change (PSEC) #1))</b>	\$22,000	\$22,000	\$44,000
<b>Deliverable 13 (PSEC #2)</b>	\$22,000	\$22,000	\$44,000
<b>Deliverable 14 (PSEC #3)</b>	\$22,000	\$22,000	\$44,000
<b>Deliverable 15 (PSEC Supportive #1)</b>	\$9,500	\$9,500	\$19,000
<b>Deliverable16 (PSEC Supportive #2)</b>	\$9,500	\$9,500	\$19,000
<b>TOTAL:</b>	\$110,000	\$110,000	\$220,000



**FY25 Application Review Form (Competitive Review)**  
**Ohio Department of Health, Bureau of Health Improvement and Wellness**  
**Violence and Injury Prevention Section**  
**Injury Prevention-Child Injury Prevention (IC25) Grant**

Applicant Agency _____	County to Be Served _____
GMIS Number _____	Requested Budget \$ _____
Reviewer # _____	Date _____
Grant Focus Area(s): CHILD INJURY PREVENTION (IC25)	

**Overall Scoring Summary**

Category	Maximum score allowed	Applicant Score
<b>1. Executive Summary</b>	10	
<b>2. Program Narrative</b>	15	
<b>3. Methodology</b>		
Miscellaneous	12	
Coalitions	8	
PSEC #1	10	
PSEC #2	10	
PSEC #3	10	
PSEC Supportives	7	
<b>4. Workplan</b>	30	
<b>5. Miscellaneous</b>	8	
<b>Total Application Score</b>	120 maximum total	

Minimum Score required for funding (70%): 84

Is applicant recommended for funding: *Insert yes or no*

Note: PSEC Scores will be weighted more in the event of a tie.

**Reviewer Note: The word “satisfactorily” is implied in each statement throughout review sheet. Points should be awarded accordingly. Poor quality responses should receive 0 points or at the lower end of the scale and high quality at the high end. If applicant did not address fully, a score of 0 should be given. A middle score should be given if applicant addressed statement but did not go above and beyond. Half points are permitted.**

Category 1. Executive Summary (10 points)	Comments	Score range	Reviewer's Score
1. Describes the applicant agency's eligibility to apply. Summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.		0-2	
2. Describes the injury problems the program will address, including descriptions of local injury rates (or state data if local not available) and related injury risk factors. Provides justification for the injury prevention focus areas chosen, describes Policy System and Environmental Changes (PSECs) proposed and what agency or agencies will provide those services.		0-2	
3. Provides an overview of the demographic characteristics of race, ethnicity and age groups for target audiences that are at a higher risk for child injury (priority population).		0-2	
4. Describes how agency will work with local partners to address the high risk and underserved populations in region related to child injury prevention.		0-2	
5. Describes how project will be evaluated		0-1	
6. Describes funding amount requested.		0-1	
<b>Category 1-Executive Summary Total</b>		Max 10	

Category 2: Program Narrative (15 points) - minus methodology	Comments	Score Range	Reviewer's Score
<b><u>Eligibility</u></b>			
7. Summarizes agency's structure as it relates to this program and as lead agency, how it will manage the program.		0-2	
8. Describes agency's existing injury prevention efforts; provides information on other sources of funding for existing child injury prevention efforts and agency's experience in managing other population-based public health programs.		0-2	



9. Describes staff experience in the <a href="#">Core Competency Areas for Violence and Injury Prevention</a> .		0-1	
10. Provide information on other sources of grant and local funding your agency has for existing injury prevention activities. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.		0-2	
<b><u>Personnel</u></b>			
11. Narrative acknowledges full-time requirement and explains how this will be maintained to include a hiring and contingency plan should a vacancy exist during the grant year.		0-1	
12. Includes position description and resumes for all staff involved in grant activities or hiring and staff training plan		0-1	
<b><u>Problem/Need</u></b>			
13. Describe the child injury problems that the program will address. Include descriptions of local child injury rates (may use state data in Appendix G only if local is not available) and related risk factors. Provide support as to why this is a problem in your community at this time (include local data, not just national and state data).		0-2	
14. Describes the risk and protective factors that will be addressed for each focus area.		0-2	
15. Describes other agencies/organizations also addressing child injury prevention in your area and how this grant will address gaps.		0-2	
<b>Category 2-Narrative Total</b>		Max 15	
<b><u>Category 3-Methodology (57 points)</u></b>			
<b><u>Miscellaneous</u></b>			
16. Describes long-term objective for five-year project in SMARTIE format.		0-1	
17. Applicant clearly identified specific groups who experience a disproportionate burden for child injury in their jurisdiction.		0-2	

18. Applicant describes how the Health Improvement Zones (HIZ) and Social Vulnerability Index will be utilized during the grant.		0-2	
19. Identifies high HIZ in jurisdiction and where activities will be targeted.		0-2	
20. Describes agency experience with data collection and evaluation and how it will apply to collection of data for each grant activity.		0-2	
21. Describes evaluation metrics and method that will be used to determine overall success and effectiveness.		0-2	
22. Describes capacity assessment activities as outlines in Appendix E.		0-1	
<b>Miscellaneous. Total</b>		Max 12	
<b><u>Coalition Activities (local and state)</u></b>			
23. Clearly describes coalition experience and plans to either build capacity or expand coalition activities.		0-1	
24. Describes how subrecipient will conduct a coalition evaluation (enhance coalition) or conduct a needs assessment (establish a new local coalition).		0-2	
25. Describes how subrecipient will update existing strategic plan(enhancing coalition) or formalize governance documents (establish new coalition.)		0-2	
26. Describes experience in leading coalitions, workgroups, etc. and skills to facilitate a select Child Injury Action Group (CIAG) subcommittee.		0-2	
27. Describes ability and plans to participate in Ohio Injury Prevention Partnership (OIPP) and CIAG meetings and attend in-person OIPP annual meeting.		0-1	
<b>Coalition total</b>		Max 8	
<b><u>PSEC #1:</u></b>			
28. Clearly explains if applicant is implementing a policy, system, or environmental change and exactly what they will be doing.		0-5	
29. Describes target population and justifies need for PSEC in community based on data.		0-2	
30. Describes potential partners and/or agencies who will help implement this PSEC.		0-1	
31. Describes how PSEC will be evaluated and monitored by applicant.		0-2	
<b>PSEC #1 total</b>		Max 10	

**PSEC #2:**

32. Clearly explains if applicant is implementing a policy, system, or environmental change and exactly what they will be doing.		0-5	
33. Describes target population and justifies need for PSEC in community based on data.		0-2	
34. Describes potential partners and/or agencies who will help implement this PSEC.		0-1	
35. Describes how PSEC will be evaluated and monitored by applicant.		0-2	
<b>PSEC #2 total</b>		Max 10	

**PSEC #3:**

36. Clearly explains if applicant is implementing a policy, system, or environmental change and exactly what they will be doing.		0-5	
37. Describes target population and justifies need for PSEC in community based on data.		0-2	
38. Describes potential partners and/or agencies who will help implement this PSEC.		0-1	
39. Describes how PSEC will be evaluated and monitored by applicant.		0-2	
<b>PSEC #3 total</b>		Max 10	

**PSEC Supportives**

40. Describes how PSEC supportive complements selected focus area(s).		0-1	
41. Describes target population and justifies need for PSEC supportive in community.		0-2	
42. Describes potential partners and/or agencies who will help implement this PSEC.		0-2	
43. Describes how PSEC will be evaluated and monitored by applicant.		0-2	
<b>PSEC Supportive total</b>		Max 7	

**Category 3-Methodology Total**

57

<b>Category 4-Work Plan (30 points)</b>	<b>Comments</b>	<b>Score Range</b>	<b>Reviewer's Score</b>
44. Includes sufficient detail to describe how the agency intends to move the required activities forward and capacity to successfully perform required activities.		0-10	
45. Identified shared risk/protective factors align with focus areas and activities.		0-5	
46. Process objectives are population-based and written in a S.M.A.R.T.I.E. format as outlined in appendix F.		0-5	
47. Identifies a target population for all deliverables if applicable.		0-5	
48. Includes a specific timeline for each activity (e.g., all activities should not say 10/1 – 9/30).		0-2	
49. Provides a satisfactory evaluation measure to indicate achievement of process objectives. How will the grantee determine if they are successful?		0-2	
50. Indicates the National Child Injury Awareness month/week mobilization, how they will work with local coalition and how they will implement communication campaign and/or event and provide link for resources		0-1	
<b>Category 4-Work Plan Total</b>		Max 30	

<b>Category 5- Miscellaneous (8 points)</b>	<b>Comments</b>	<b>Score Range</b>	<b>Reviewers Score</b>
51. Budget justification matches budget in GMIS and appendix C2.		0-1	
52. Budget justification followed required template (scenario #1).		0-2	
53. All required sections in GMIS are completed as outlined in the solicitation (see section AB of solicitation for a detailed list).		0-2	

54. Required travel letter submitted on agency letterhead.		0-1	
55. Application addresses how agency will address human trafficking with the child injury prevention activities.		0-2	
Category 5- Miscellaneous Total		Max 8	
OVERALL SCORE			

Additional Comments/Reviewer Notes.
Please insert any special conditions recommended if funded.

### Year 1 Required Strategies & Guidance on Deliverables Injury Prevention-Child Injury Prevention (IC) Grant

**Please Note:** Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health or that your agency already implements. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the child injury proposed strategies will be additive and not duplicative.

#### **Local Community Coalition (Deliverables 1-3)**

The activities within this section are intended to allow communities to either build capacity by establishing a new coalition to address your topic area(s) or enhance the existing coalition. Each subrecipient must select one activity in either the Capacity Building or Enhance Existing Coalition categories.

Deliverable	Capacity Building (new coalition)	Enhance Existing Coalition
<b>1</b>	Community coalition recruitment-host four quarterly meetings and submit meeting minutes and attendance sheets. Agency may submit recruitment efforts for local coalition development in quarter 1 for full reimbursement if a meeting has not occurred.	Attend at least four quarterly community coalition meetings and submit meeting minutes and attendance.

**Establish and or attend quarterly local coalition meetings (Deliverable 1):** Local coalitions should meet in person or virtually no less than quarterly. Meeting agendas, meeting minutes and attendance sheets should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. If establishing a coalition, members should be comprised of community stakeholders focused on child injury prevention. This includes members from diverse communities including racial and ethnic minority populations, parents of children with disabilities, disability advocates, and representatives from affected populations. A new local coalition should meet at least three times in year one and may submit recruitment attempt documentation for quarter one. Examples of recruitment attempts include emails, phone calls, letters, etc. Agency is encouraged to submit a tracking list of all recruitment attempts and draft coalition roster for submission.

**Local Community Coalition Activity (Deliverables 2-3):** The activities within this section are intended to allow communities to either build capacity by establishing a new coalition to address your topic area(s) or enhance the existing coalition. Each subrecipient must complete both activities in either the Capacity Building or Enhance Existing Coalition categories.

Deliverable	Capacity Building (new coalition)	Enhance Existing Coalition
<b>2</b>	Needs assessment.	Coalition evaluation.
<b>3</b>	Formalize governance documents.	Update strategic plan.

**CAPACITY BUILDING-** Subrecipient must complete both activities below and should only select the capacity building activities if a new coalition is being established.

- **Needs Assessment (Deliverable 2):** If establishing a new coalition, subrecipient should conduct a needs assessment based on focus area(s) selected in the application. Subrecipient should involve coalition stakeholders via electronic survey or focus group and submit survey results and analysis summary (including results, recommendations, and next steps). The final document should be provided to the ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1.
- **Formalize Governance Documents (Deliverable 3):** The governance document(s) should address the following aspects of the coalition: mission, vision, purpose, and description; member terms and responsibilities; meeting schedule and participation expectations; order of business including decision making, leadership, officers, and responsibilities; and community organizations with designated representatives. The final document should be provided to the ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1. Identifying the mission, vision and purpose will assist subrecipients in preparation for year-two strategic planning. Governance documents are living documents and can be updated as needed.

**ENHANCE EXISTING COALITION-**subrecipients must complete both activities below and should only select these activities if an existing coalition exists and subrecipient will be expanding/enhancing based on the IC grant funding and activities.

- **Evaluation of Coalition (Deliverable 2):** Expansion and evaluation of a local coalition is a year one activity for communities with an existing coalition to identify areas of strengths and weaknesses prior to updating the strategic plan. This process is intended to be completed in collaboration with coalition members. A list of recommendations and next steps should be produced and submitted to ODH per the timeframes in the attached deliverables in Appendix C1. ODH can provide a coalition evaluation that is customized for the applicant county. Subrecipients should strongly consider utilizing the ODH-provided coalition evaluation in order to optimize implementation timeframes for project year-1.
  - a. Subrecipients must expand coalition membership by at least three key stakeholders per year. The coalition should meet person no less than quarterly. Meeting agendas, meeting minutes and attendance sheets should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Meetings should be held in accessible locations or virtually to ensure that all community members can participate, including those with disabilities.
- **Update local strategic plan (Deliverable 3):** Well established coalitions should update their strategic plan regularly for the coalition to identify and fill gaps for prevention efforts for child injury in their community. A strategic plan review with edits should be conducted in collaboration with coalition members and other interested community members.
  - a. The resulting strategic plan should include the activities proposed in this application; outline how coalition member organizations will support implementation; and identify roles for coalition members and member organizations. The final document should be provided to the ODH Grants Consultant per the timeframes in the attached deliverables in Appendix C1.

**Statewide Coalition & Implementation of State Plans (Deliverables 4-5)**  
Applicants should plan for and demonstrate a willingness to be involved in statewide efforts for child injury prevention.

Focus Area	Deliverable	Activities
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State Coalitions	4	<b>Facilitate Child Injury Action Group (CIAG) subcommittee.</b> Facilitate quarterly meetings for a select CIAG subcommittee and work on related goals or goals of interest within the Child Injury Action Group Coalition Strategic Plan.
	5	<b>Participate in Ohio Injury Prevention Partnership (OIPP)</b> Participate in 3 (three) Ohio Injury Prevention Partnership meetings and 3 (three) CIAG main meetings. Attendance at in-person OIPP annual meeting is required.

- **Facilitate Child Injury Action Group (CIAG) subcommittee (Deliverable 4):** As a community receiving funding to work on this issue, these strategies, successes, lessons learned, and emerging best practices should not be completed in a vacuum. The emphasis for funded projects is two-fold – first, to make a positive impact on injuries and fatalities at the local level, and second, to share information and support other counties seeking information or guidance. Funded agencies will be considered leaders among their peers in child injury prevention and should subsequently be willing to share their experiences and knowledge. Successful applicants should plan for an increased role in the OIPP by 1) serving as a co-facilitator for a select CIAG subcommittee; 2) actively participating on subcommittees by offering input, volunteering for projects, and regularly attending meetings and conference calls; and 3) spearheading implementation of projects outlined in the designated state plan that are aligned with proposed local strategies.
- **Participate in Ohio Injury Prevention Partnership (Deliverable 5):** The ODH Violence and Injury Prevention Section (VIPS) facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity. Subrecipients are required to attend three CIAG and three OIPP meetings. Attendance at the annual in-person OIPP meeting is required. Funded applicants will receive the attendance template to utilize at the beginning of the grant year.

**Child Injury Awareness Week or Month Mobilization (Deliverable 6):** Subrecipient will work with their local coalition to support and promote a weekly or monthly national child injury awareness mobilization related to their subcommittee focus area or host an event to promote National Child Injury Awareness week/month. Subrecipients will have two activities for this deliverable. Those subrecipients who also receive the OPRC (BB grant) with ODH may not select National Child Passenger Safety Week.

Focus Area	Deliverable	Activity
National Awareness Planning	6	Work with their local coalition to implement a National Child Injury Awareness Mobilization.

- **Activity 6A:** Subrecipient should submit a plan that identifies the awareness week/month and tentative plan to ODH that details implementation of community event or communication campaign. The plan should include details as to how their local coalition will be involved in planning/implementing the plan.
  - **Communication Campaign:** If a subrecipient is implementing a communication campaign, it is expected that paid advertising is utilized. Examples of paid advertising include print ads, social media sponsored ads,



radio advertising, paid advertisements in newspapers, etc. The plan should identify the medium for the communication campaign, target audience, evaluation method for collecting reach of ads and materials developed or identify what materials will be used (toolkits, CDC materials, ODH materials, etc.). It should be noted that the use of TikTok is not permitted. Subrecipients campaign must be approved by ODH prior to implementation.

- **Event:** If subrecipient chooses to host an event, the plan should include date/time of event, location, logistics, promotion efforts, if speakers/presentation will be given, materials needed, etc.
- **Activity 6B:** Subrecipient will provide a summary that shows implementation of communication or event plan. The summary should include materials developed, screenshots of social media posts, photos, articles, campaign reach or number of people at event, and other documentation demonstrating implementation. The summary should also include successes and challenges.

Possible resources:

- <https://csn.org/>.
- <https://www.biausa.org/public-affairs/public-awareness/brain-injury-awareness>.
- <https://www.safekids.org/blog/gearing-national-bike-month>.
- <https://www.preventchildinjury.org/toolkits-landing>.

### **Professional Development (Deliverable 7)**

Coordinator or a designee is required to attend a conference or training for professional development and enhance the understanding of selected child injury focus area. ODH approval for conference or training is required prior to the event in accordance with the ODH Grants Administrative Policies and Procedures (OGAPP). Note: ODH does not allow reimbursement of food or drinks.

Focus Area	Deliverable	Activity
Professional Development	7	Attend a conference or training for professional development for selected focus area.

### **Workplan & Capacity Assessment (Deliverables 8-10)**

Updates to workplan and evaluation objectives are important to the success of your program. Subrecipients are required to submit a baseline and year-1 capacity self-assessment using the template provided by ODH at the start of the grant year.

Focus Area	Deliverable	Activity
Workplan and Capacity Assessment	8	<b>Workplan Update</b> Submit updated workplan with edits and the progress/status section using outcome indicators where applicable.
	9 & 10	<b>Capacity Self-Assessment-</b> Submit a baseline and year-1 Capacity Self-Assessment provided by ODH.

- **Workplan Update (Deliverable 8):** Submit updated workplan activities and use progress/status section using the outcome indicators where applicable. The workplan is a living document and new partners, changes and activities should be detailed and current.
- **Capacity Assessment (Deliverable 9 & 10):** Capacity Assessments provide a framework to assess capacity and performance of the local public health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. Subrecipients are required to submit a capacity assessment provided by ODH to help gauge current community

involvement and encourage local involvement in child injury efforts.

**Full-time Coordinator Requirement (Deliverable 11):** This deliverable is required to support documentation that agency has one full-time/100% staff assigned to the Child Injury Prevention Grant, as required in 2023-2028 competitive solicitation. This verification is required twice a year and should be submitted in REDCap. Funded agencies will be provided template for this documentation at the start of the grant year.

**Policy, Systems, and Environmental Changes (PSECs) Deliverables 12-14):**

All proposed activities will use policy, system and environmental (PSEC) changes that support community level and public health child injury prevention activities. Policy, systems, and environmental change (PSEC) strategies are a way of making sustainable, lasting change within a community to make healthy choices practical and available to residents. PSECs shape the physical environments that impact our behavior. By making changes to laws and rules and shaping environments, communities can go beyond providing programs and services to create long-lasting conditions so people can eat better and move more where they live, learn, work, and play.

**Policy** changes include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Government bodies (federal, state, or local), park districts, healthcare organizations, worksites, and other community institutions (schools, jails, daycare centers, etc.) all make policies. Policies greatly influence the daily decisions we make about our health. It is important to note that a policy must be implemented and enforced to make a change.

*Subrecipients are supported by the Preventive Health and Health Services Block Grant from CDC, and as such, funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships, per the Ohio Department of Health's Notice of Award.*

**Systems** change involves changes made to the policies, processes, power structures, and relationships within an organization that determine how resources and services get distributed. Systems change can also be implemented across organizations. Systems change and policy change often work hand-in-hand.

**Environmental** change is an actual transformation of the physical environment and creates the most lasting change that can impact our behavior when paired with sustainable systems and policy improvements. Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among all citizens.

[For more information](#)

**EXAMPLE**

Policy	Systems	Environmental	PSEC Supportives
Return to Learn (RTL) Policy at School or District level.	School or school district adopts a protocol or procedure to link health care providers to schools. Establishment of an RTL committee.	RTL signs installed. Designated area at school where RTL accommodations are provided.	RTL training. Concussion communication campaign. Helmet give aways. Concussion awareness events.

#### Focus Areas:

Transportation Safety	Traumatic Brain Injury	Adverse Childhood Experiences (ACEs)/ Positive Childhood Experiences (PCEs)	Drowning
<ul style="list-style-type: none"><li>• Child Passenger Safety</li><li>• Teen Driving</li><li>• Bicycle/Pedestrian Safety</li></ul>	<ul style="list-style-type: none"><li>• Return to Learn (RTL)</li><li>• Falls</li></ul>	<ul style="list-style-type: none"><li>• Youth Violence</li><li>• Child Maltreatment</li></ul>	<ul style="list-style-type: none"><li>• Water Competency</li><li>• Pool Assessment</li><li>• Local Referral System</li><li>• Life Jacket Loaner Program</li></ul>

#### Deliverables 12-14A

Partnership Agreements (PAs), memorandum of understanding (MOU) or letter of commitment (LOC) are formal, written documents that are intended to clearly define specific goals, activities, and responsibilities of each partner. It is important for both agencies to understand and agree to participate in each PSEC. Subrecipients are expected to submit at least one PA per PSEC by Dec. 31, 2024. These documents should be used as tools to lay out expectations and responsibilities for both parties. Partner agreement timelines should cover 2024-2028 and include language on data collection.

#### Deliverables 12-14B

Technical assistance (TA) is a way for organizations to use expert help to assess their current capacity, build on strengths, and address underlying needs. TA includes training for PSEC partners, scheduling and facilitating, planning meetings, phone calls, emails, etc. TA will be an important component to the success of each PSEC. Subrecipients are expected to provide TA to the agencies identified in their partner agreements and workplan. Tracking instances of TA should be metrics that are included in data tracking framework. ODH will also provide a list of data-tracking metrics for PSECs and a template to use at the beginning of the grant year.

#### Deliverables 12-14C

Monitoring outcomes and collecting data help to inform decision making and track success. Each partner agreement should detail how each subrecipient will work with partners to capture data. ODH will provide a list of data-tracking metrics and a template to use for the grant-cycle. Updating data tracking framework shows implementation of each PSEC.

#### Deliverables 12-14D

Each PSEC should be able to show some evidence of implementation stage by the end of year one. Evidence of implementation needs to include documentation such as a signed policy, an environmental change documented by a photo or news article, system changes such as a procedural change. If a subrecipient is unable to complete a PSEC, they may submit a PSEC Impact Statement. ODH will provide guidance for development of statement during grant-year.

**Policy, Systems and Environmental Change Supportives (Deliverables 15-16)** PSEC supportives are intended to support the implementation of policy, systems and environmental changes. These activities must enhance and complement primary PSEC activities but are not meant as stand-alone initiatives. Subrecipients are required to select two PSEC supportives strategies from the same focus areas specified in application.

- a. Subrecipients must submit an implementation plan that outlines the logistics and timeline for the activity such as event date, campaign, materials needed, partners who will contribute activity relevant to implementing the PSEC supportive. Agency is also expected to work with program consultant to create metrics for data tracking framework to show implementation.
- b. Agencies will submit a summary of PSEC supportive activity that shows implementation. Documentation could include screenshots of campaigns, documents created photos of event and detail successes and challenges.

**A total of three PSECs are required to be completed based on two focus areas selected in application. Two additional PSEC Supportives are also required. Only one social media campaign can be selected for a PSEC Supportive.**

TRANSPORTATION SAFETY	
<b>Child Passenger Safety (CPS)</b>	Increase parent and/or caregiver knowledge and awareness of child passenger safety through the implementation of Child Passenger Safety Board’s “Car Seat Basics” training within innovative settings. <a href="#">Car Seat Basics Training</a> .
	Conduct at least five car seat check events that include the following (must complete all the activities listed below): <ul style="list-style-type: none"> <li>• At least three events should be done in partnership with a community partner that serves vulnerable populations.</li> <li>• Provide supplemental educational materials: booster seat materials, Ohio Buckles Buckeyes (OBB) card, <i>I’m Safe</i> resources (note: Occupant Protection Regional Coordination (OPRC) agencies cannot supplant funds for this activity).</li> <li>• National Digital Check Form (NDCF) should be utilized at all five events to record check forms of all families served.</li> <li>• Note: OPRC agencies cannot supplant funds for this activity.</li> </ul>
	Increase outreach and engagement with Law Enforcement (LE) through the following (must complete all the activities listed below): <ul style="list-style-type: none"> <li>• Development and implementation of referral system to connect low-income families to OBB program.</li> <li>• Provide at least one CPS educational session with local law enforcement.</li> <li>• Attempt recruitment of Law Enforcement to local Child Passenger Safety Technician (CPST) courses.</li> <li>• Participate in CIAG CPS LE workgroup.</li> </ul>
	Disseminate statewide booster seat campaign, “Boost Your Child’s Odds of Staying Safe”, at the local level and conduct an evaluation using guidance provided by ODH by completing the following: <ul style="list-style-type: none"> <li>• Partner with at least four early childcare settings or elementary schools to conduct observational study of caregivers of children aged 10 or younger.</li> <li>• Conduct baseline observation of booster seat usage.</li> <li>• Disseminate booster seat campaign materials.</li> </ul>

	<ul style="list-style-type: none"> <li>Conduct follow-up study to measure change in behaviors/booster seat use and submit evaluation summary to ODH.</li> </ul>
<b>Teen Driving</b>	Facilitate implementation of policy at local high school requiring parent and student viewing of ODH Graduated Driver Licensing (GDL) module included as requirement for receiving parking pass. Applicant must create an account with Impact Teen Driver to access this module. <a href="#">Impact Teen Driver Modules.</a>
	Facilitate implementation of system change at local driver training school requiring student viewing of ODH GDL module as inclusion of standard driver training school curriculum. Applicant must create an account with Impact Teen Driver to access this module. <a href="#">Impact Teen Driver Modules.</a>
	Utilize <i>ThinkFirst</i> for Parents of Teen Drivers program to educate parents on teen driving and GDL adherence (with goal of innovative setting adopting training as a policy/system change). Applicant must create an account with Impact Teen Driver to access this module. <a href="#">Think First - Parents of Teen Drivers.</a>
<b>Bicycle/Pedestrian Safety</b>	<p>Partner with at least one local business to implement a sustainable helmet program to provide helmets (minimum to be established with ODH) to children at a high risk of concussion or to areas of low socioeconomic status. Note: the goal of this PSEC is to encourage the business to continue or expand the helmet program throughout the five-years (Must complete all the following):</p> <ul style="list-style-type: none"> <li>Bicycle helmet distribution and fitting.</li> <li>Provide <i>HEADS UP</i> concussion education.</li> <li>Advertisement plan for distribution.</li> </ul> <p><a href="https://www.cdc.gov/headsup/helmets/index.html">https://www.cdc.gov/headsup/helmets/index.html</a>.  <a href="https://ohioaap.org/wp-content/uploads/2021/09/2021-Bike-Helmet-Safety-Toolkit.pdf">https://ohioaap.org/wp-content/uploads/2021/09/2021-Bike-Helmet-Safety-Toolkit.pdf</a>.</p>
	Partner with at least one local school to implement a helmet policy, system or environmental change for youth who use wheeled sports/transportation in the community such as all-terrain vehicles (ATVs), rollerblades, scooters, bicycles, etc. <a href="https://www.cdc.gov/transportationsafety/bicycle/index.html">https://www.cdc.gov/transportationsafety/bicycle/index.html</a> .
	Partner local law enforcement or Emergency Medical Services (EMS) to implement a reward system for youth who wear helmets and un-helmeted youth are referred to agency for education and/or helmet.
	<p>Partner with local school, community center or agency that serves children to implement at least one policy, system, or environmental change from Safe Routes to School. (Examples: support local school with development of school travel plan, participate in existing safe routes to school committee and support infrastructure changes like sidewalk installation, signage improvements or pedestrian crossing signs and flashers, or support non-infrastructure changes like development of walking school bus, implementation of bike safety education).</p> <p><a href="#">Safe Routes to School Partnership.</a>  <a href="#">Safe Routes to School Policies.</a>  <a href="#">School Based Safety Projects.</a>  <a href="#">Ohio Department of Transportation Safe Routes to School Program.</a></p>
<b>PSEC Supportives for</b>	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> <li>Heatstroke Prevention.</li> </ul>

<b>Transportation Safety</b>	<p><a href="https://www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention">https://www.trafficsafetymarketing.gov/get-materials/child-safety/heatstroke-prevention</a>.</p> <ul style="list-style-type: none"> <li>• Distracted Driving Awareness Month. <a href="https://www.trafficsafetymarketing.gov/get-materials/distracted-driving">https://www.trafficsafetymarketing.gov/get-materials/distracted-driving</a>.</li> <li>• National Teen Driver Safety Week. <a href="https://www.trafficsafetymarketing.gov/get-materials/teen-safety/national-teen-driver-safety-week">https://www.trafficsafetymarketing.gov/get-materials/teen-safety/national-teen-driver-safety-week</a>.</li> <li>• Walk or Bike to School Day. <a href="https://www.walkbiketoschool.org/">https://www.walkbiketoschool.org/</a>.</li> <li>• Active transportation-Your Move. <a href="https://www.transportation.ohio.gov/about-us/resources/yourmove">https://www.transportation.ohio.gov/about-us/resources/yourmove</a>.</li> </ul> <p>Assist ODH in distribution of the Graduated Drivers Licensing (GDL) toolkit by using a dissemination plan.</p>
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<b>TRAUMATIC BRAIN INJURY (TBI)</b>	
<b>Return to Learn (RTL)</b>	<p>Partner with at least three schools or one school district serving at least three schools to implement Ohio's Return to Learn/Concussion Team Model.</p> <ul style="list-style-type: none"> <li>• Subrecipients should use data to identify areas of low uptake to focus implementation efforts.</li> <li>• Provide training and technical assistance to local schools or districts.</li> <li>• Implement a policy.</li> </ul> <p><a href="https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions">https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions</a>.</p> <p>Partner with at least three rural schools who are not connected to or close to a pediatric hospital or one school district serving at least three rural schools to implement Ohio's Return to Learn/Concussion Team Model.</p> <ul style="list-style-type: none"> <li>• Subrecipients should use data to identify areas of low uptake to focus implementation efforts.</li> <li>• Provide training and technical assistance to local schools or districts.</li> <li>• Implement a policy.</li> </ul> <p><a href="https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions">https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions</a>.</p> <p>Partner with at least one local hospital or three pediatric offices to educate and create a policy or procedure to educate staff and create a system to connect health care provider and schools using the Ohio's Return to Learn/Concussion Team Model.</p> <p><a href="https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions">https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions</a>.</p> <p>Choose an innovative partner to educate and create a system using Ohio's Return to Learn/Concussion Team Model. At least one policy or procedure should be developed, and partner choice must be approved by ODH.</p>

	<a href="https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions">https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions</a> . Partner with at least one local colleges/universities to implement a policy or procedure for returning a student to the academic setting following a concussion and provide technical assistance to colleges/universities on the development and implementation of a policy to utilize that provides academic accommodations for students. <a href="https://www.gillettechildrens.org/your-visit/patient-education/college-accommodations-after-a-traumatic-brain-injury-concussion">https://www.gillettechildrens.org/your-visit/patient-education/college-accommodations-after-a-traumatic-brain-injury-concussion</a> <a href="https://ecommons.udayton.edu/sehs_brc/41/">https://ecommons.udayton.edu/sehs_brc/41/</a> <a href="https://learn.cbirt.org/1/course/view.php?id=12">https://learn.cbirt.org/1/course/view.php?id=12</a> .
<b>Falls</b>	Partner with home visiting program, Emergency Medical Services (EMS), childcare center or other local agency to implement a Home Safety Tips checklist and partner with local childcare center/EMS fire and complete at least ten checks and at least one environmental change. <a href="https://www.safekids.org/sites/default/files/documents/home_safety_tips.pdf">https://www.safekids.org/sites/default/files/documents/home_safety_tips.pdf</a> <a href="https://www.safekids.org/tip/falls-prevention-tips">https://www.safekids.org/tip/falls-prevention-tips</a> . Partner with local government, private playground, school, or childcare center to assess for age-appropriate, well-maintained playground equipment, provide recommendations for improvement and implement at least one environmental change.
<b>PSEC Supportives for TBI</b>	Increase awareness through coordination of an event and/or communication campaign for: <ul style="list-style-type: none"> <li>• CDC Heads Up TBI Education  <a href="https://www.cdc.gov/headsup/index.html">https://www.cdc.gov/headsup/index.html</a>.</li> <li>• Falls Prevention  <a href="https://www.safekids.org/tip/falls-prevention-tips">https://www.safekids.org/tip/falls-prevention-tips</a>.</li> </ul>

<b>ADVERSE CHILDHOOD EXPERIENCES/POSITIVE CHILDHOOD EXPERIENCES (ACEs/PCEs)</b>	
<b>Youth Violence, Child Maltreatment</b>	Partner with local mental health/addiction agency, schools, or community-based organizations to implement at least one public health related PSEC from the following toolkits and resources If agency was previously funded by the ODH-Child Injury Prevention grant or has a child injury prevention program that does similar work, and activity that has already been completed in the past, agency must explain how they will either be enhancing or expanding upon the selected activity. <a href="#">Adverse Childhood Experiences (ACEs)</a> <a href="#">Child Abuse &amp; Neglect</a> <a href="#">Youth Violence</a>

	Resource Guide: <a href="#">Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence</a>
<b>PSEC Supportive for ACEs/PCEs</b>	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> <li>Preventing Adverse Childhood Experiences  <a href="https://www.aap.org/en/news-room/campaigns-and-toolkits/preventing-adverse-childhood-experiences/">https://www.aap.org/en/news-room/campaigns-and-toolkits/preventing-adverse-childhood-experiences/</a></li> </ul>

<b>DROWNING</b>	
<b>Water Competency</b>	Partner with at least one local community swimming pool or agency to offer free or reduced cost swimming lessons to children at higher risk of drowning based on data of low socioeconomic status or children with special needs or underlying medical conditions that make them vulnerable to drowning. Strategy must have a caregiver education component.
<b>Pool/water Assessment</b>	<p>Partner with at least one local swimming pool or body of water to assess pool/water safety and implement at least one environmental change using the Model Aquatic Health Code (MAHC) and recommendations from The American Academy of Pediatrics (AAP).</p> <p><a href="https://www.cdc.gov/mahc/networks-tools-forms.html">https://www.cdc.gov/mahc/networks-tools-forms.html</a>  <a href="https://publications.aap.org/pediatrics/article/143/5/e20190850/37134/Prevention-of-Drowning">https://publications.aap.org/pediatrics/article/143/5/e20190850/37134/Prevention-of-Drowning</a></p>
<b>Local Referral system</b>	Partner with local boating/pool stores or marina to implement a system for educating staff, providing educational materials, and develop a referral system to receive drowning information and/or swim lesson information for clients who purchase water-recreation related products. This system must include a procedure for staff training, education distribution, and must collect data on the number of materials distributed in the community.
<b>Life Jacket Loaner Program</b>	<p>Work with local marina, campground, fire/police station or other local agency to implement a new life jacket loaner program and provide education to residents.</p> <p><a href="https://www.boatus.org/life-jacket-loaner/downloads/loaner-program-guide.pdf">https://www.boatus.org/life-jacket-loaner/downloads/loaner-program-guide.pdf</a></p>
<b>PSEC Supportive for Drowning</b>	<p>Increase awareness through coordination of an event and/or communication campaign for:</p> <ul style="list-style-type: none"> <li>Drowning prevention using AAP toolkit.  <a href="https://www.aap.org/en/news-room/campaigns-and-toolkits/drowning-prevention/">https://www.aap.org/en/news-room/campaigns-and-toolkits/drowning-prevention/</a></li> </ul>



## Solicitation Application Instructions

### Injury Prevention-Child Injury Prevention (IC) Grant

Only one application per agency will be reviewed. To complete the application for ODH, respond to the prompts by fully addressing the statements or questions within each section. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once the RFP is posted on the ODH website, and a notice of intent to apply for funding has been submitted. Attachments should be named as outlined below and attached in GMIS 2.0 per system instructions. Appendix A- Notice of Intent to Apply for Funding must be emailed to Tiffany Boykins at [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@odh.ohio.gov) by Monday, August 19, 2024.

**Please Note:** Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health or that your agency already implements. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the child injury proposed strategies will be additive and not duplicative.

The following components are required for submission outside of the required sections in GMIS:

1. **Executive Summary** -1-page limit- named insert “Agency Name\_Executive Summary\_2025”. Only the first page of the executive summary will be scored.
2. **Program Narrative**-25-page limit -named “Insert Agency Name\_Narrative\_2025. Narrative must adhere to the guidance provided below.
3. **Work Plan** – no page limit – **use template provided** Named “Insert Agency name\_Workplan\_2025”.
4. **Budget Narrative** – no page limit – **Named “Insert Agency Name\_Budget\_2025”**  
This funding is deliverables-based, and the required budget narrative should follow the template provided in GMIS bulletin (follow scenario #1).
5. **Letters of Support** should be saved together as one .pdf named “Agency Name\_LOS\_2025”.
6. **Travel Letter** –to attend OIPP annual meeting in-person and professional development conference or training. Named “Insert Agency name\_Travel Letter\_2025”.
7. **Position Descriptions and Resumes**-no page limit- Named “Insert Agency name\_Resume and Job Description\_2025”.
8. **Public Health Impact Statement Summary (for non-local health districts only)**- no page limit-named “Insert Agency name\_Public Health Impact Statement\_2025”.
9. **Public Health Impact Statement of Support (for non-local health districts only)**-no page limit-named “Insert Agency name\_PH Impact Statement of Support-2025”.

#### Category 1: Instructions for Executive Summary

The Executive Summary **must be limited to one page**. It should be submitted on a separate page and should include the following:

- Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency’s structure as it relates to this program and, as the lead agency, how it will manage the program.
- Describes the injury problems the program will address, including descriptions of local injury rates and related injury risk factors. Applicant may utilize state data provided in Appendix G (Child Injury and Death-related Data, Ohio), if no local data exist. Provides justification for the injury prevention focus areas chosen, describes Policy System and Environmental Changes (PSECs) proposed and what agency or agencies will provide those services, if known.

- Provides an overview of the demographic characteristics of race, ethnicity, and age groups for target audiences that are at a higher risk for child injury.
- Describes how the agency will work with local partners to address the high risk and underserved populations in region related to child injury prevention.
- State the total funds that are being requested.
- Describe how the project will be evaluated.

## Category 2: Program Narrative -max of 25 pages

### Eligibility

- Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.
- Experience in and capacity to address injury prevention. Briefly summarize any existing child injury prevention efforts managed by your agency related to the focus area chosen and experience managing other population-based public health programs.
- Applicants should demonstrate that staff have experience or will be trained in the [Core Competency Areas for Violence and Injury Prevention](#).
- Provide information on other sources of grant and local funding your agency has for existing injury prevention activities. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.

### Personnel

- Funded projects must employ one full time staff (no fewer than 1,700 hours per year) assigned as the Child Injury Prevention Coordinator whose sole duties are to administer the Child Injury Prevention Program and related grant activities.
- Include resume or position description that demonstrates personnel who will be directly involved in program activities and working on the grant. Include the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program.
- Hiring and Training-describe plans for hiring and staff training as necessary to implement the project. Describe on-going training activities as appropriate. Include details about the type of training routinely provided to new staff. Include a statement here to ensure that all involved program staff will have experience or receive training in concepts of population-based injury prevention and control.

**Problem/Need:** Use this section to identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data.

- Describe the child injury problems that the program will address. Include descriptions of local child injury rates and related risk factors. Provide support as to why this is a problem in your community at this time (include local data, not just national and state data). Describe any primary (self-collected, needs assessment, etc.) and secondary (existing) data that describes the problem and justifies the need for your program. Applicant may utilize state data provided in Appendix G (Leading Child Injury and Death-related Data, Ohio), if no local data exist.
- Describe risk and protective factors that will be addressed with each focus area.
- Describe other agencies in your area addressing child injury prevention and how this grant will address gaps.

**Human Trafficking-** Applicants who address how human trafficking will be addressed through the child injury prevention activities/events will be given priority, per the solicitation.

## Category 3-Methodology

Use this section to describe applicants' overall methodology in completing activities and long-term objective.

- Applicant describes overall project objective in SMARTIE (Specific, Measurable, Attainable, Relevant, Time-Phased, Inclusive and Equitable format) using the following: *By September 30, 2028, XYZ Organization and XYZ Community Coalition will reduce child injury and fatalities by xx% in XYZ County.*
- Health Equity:
  - Identify the specific groups who experience a disproportionate burden of child injury or fatalities in your jurisdiction.
  - Visit the Health Improvement Zones Mapping Tool at <https://odh.ohio.gov/know-our-programs/healthequity/health-improvement-zones>. What census tracts in your jurisdiction are high health improvement zones. If you have no high health improvement zones, what are the census tracts with the highest SVIs? Also, please reference the Community Wellbeing: Social Determinants of Health Website at <https://data.ohio.gov/wps/portal/gov/data/view/socialdeterminants-of-health> for additional clarity.
  - Identify a priority population in your community on which you will focus your cessation activities and support your choice with data.
  - Additionally, please indicate which high health improvement zone will be impacted by this grant and how this will be accomplished or indicate why no high health improvement zone will be impacted.
- Clearly describe how data will be collected, reported and how often.
- Describe the evaluation measures that will be used to determine the overall success of the program. Describe impact measures as well as process/activity-level measures.
- **Capacity Assessment**- applicant must address how both capacity assessments will be completed.
- **Coalition Activities**- using Appendix E, please describe activities planned for year one. The applicant must describe current child injury coalition involvement, including leading coalition recruitment and retention. If the applicant is already involved in a local child injury coalition, applicant must clearly name the coalition and describe how this grant will enhance existing child injury prevention activities and not duplicate. If applicants are building a coalition, details on tentative plans should include potential partners considered.
- **PSEC Activities and Supportives**- Using Appendix E, applicant should describe focus areas selected, if implementing a policy, system or environmental change, the rationale behind and each activity selected for year-one. Applicant should also identify priority population activity will target, potential partnerships forms, and how activity will be evaluated and monitored across the grant cycle. Supportives should describe how it complements selected focus area.

#### Category 4: Workplan (no page limit)

The workplan is an important tool to help implement Policy System and Environmental Changes. The workplan should be detailed and used to plan and keep grant activities organized and on track. Please use these instructions to complete the Annual Work Plan Template available below. Each agency will receive an Excel document, please complete each section of the workplan using the PSECs and activities identified in application. The annual work plan should mirror the narrative but include specific implementation steps and other detailed information. The purpose of the workplan is also to monitor grant activities and used as a tool in the event of staff changes, vacancies, or changes in grant activities.

For the purposes of this application, please provide a detailed 12-month workplan for project year one which covers **Oct. 1, 2024 -Sept. 30, 2025**. Applicants must include the required activities for each focus area. Please use **Appendices E** for additional guidance on required activities. Note: additional rows should be added to include detail for each deliverable.

1. **Long Term Outcome Objective (row 9):** Long-term objectives represent the results expected from pursuing certain strategies. Strategies and activities represent the actions to be taken to accomplish long-term objectives. The time frame for the long-term objective should be the 5-year grant cycle. A suggested long-term outcome objective is: ***By September 30, 2028, XYZ Organization and XYZ Community Coalition will reduce child injury and fatalities by xx% in XYZ County.***

2. **Focus Areas (Row 10):** Select from pull-down the focus area(s) your agency is applying for. Agencies should select no more than two focus areas.
3. **Shared Risk and Protective Factors (Row 11):** A public health approach to preventing injuries, violence, and other public health problems requires having a holistic understanding of their root causes. Risk factors are characteristics and conditions that increase the likelihood of experiencing an adverse health or quality-of-life outcome. Protective factors are the inverse: these characteristics and conditions decrease or mitigate the likelihood of experiencing an adverse outcome or increase the likelihood of experiencing a positive outcome. Please select at least one risk and protective factor for each focus area. For more information please see: <https://www.safestates.org/page/ConnectionsLab#:~:text=A%20shared%20risk%20and%20protective,quality%2Dof%2Dlife%20outcomes>.
4. **Specific, Measurable, Attainable, Relevant, Time-Bound, Inclusive and Equitable (SMARTIE): Process Objectives:** Each deliverable should have an objective that should be written as SMARTIE.  
Examples of SMARTIE goals should be:
  - Specific – Provides a clear description of what needs to be accomplished.
  - Measurable – Provides a metric, or number, that identifies when the objective has been achieved.
  - Attainable – The objective must be achievable, within the timeframe and resources allocated.
  - Relevant – Meaningful, significant, and aligned with corporate priorities.
  - Time-Bound – The objective must be concluded by a specific date and/or include review points along the way.
  - Inclusive-Objective must include consideration for and input from the population of focus and your community partners.
  - Equitable- This objective must address unique needs and circumstances of different populations.
5. **Priority Population:** Each activity and PSEC should be and include a target audience or priority population. Grant efforts should use data to identify populations that are at a high risk for child injury focus areas and PSECs. Health equity should be addressed in each priority population area and should mirror the narrative submitted in application.
6. **Evaluation Measure:** Evaluation is an important component for grant activity success. Each grant activity should have an evaluation question or method to determine success.  
**Examples include:**
  - What are the outputs, outcomes, objectives, and goals of the project?
  - Are outcomes, objectives, and goals achieved?
  - Are the project/program services/activities beneficial to the target population?
  - Do they have negative effects? e. Is the target population affected by the project/ program equitably or according to the evaluation plan?
  - Is the problem that the project/ program intends to address alleviated.
  - For more information, please visit: <https://programs.online.american.edu/online-graduate-certificates/project-monitoring/resources/asking-program-evaluation-questions>
7. **Deliverable:** Applicant should insert rows or may delete rows as necessary to ensure that each deliverable has action steps for completion. Each activity or steps proposed should align with the appropriate deliverable number.
8. **Timeline – Start and end date:** Assign a timeline that includes a start and end date for each activity; state the time-period (in dates) when the activity will take place. ***Do not list the entire project year as the start and end dates;*** consider the length of time each implementation step will take to accomplish and note those dates here.
9. **Progress-select** from dropdown (please select “not started” on application workplan as grant has not yet started). Progress changes should be updated in March and June 2025 as outlined in C1.
10. **Activities or Steps Proposed:** For each deliverable write activities that will be completed to accomplish each deliverable. Activities should logically connect and should provide enough detail so that the workplan can be

used as a guide for grant activities in the case of staff changes. ODH understands this is a tentative plan and any changes should be documented on the workplan. **Please list one activity per excel line** with a timeline that estimates the duration of that activity.

- 11. Child Awareness Week or Month Mobilization (Deliverable 6):** In addition to the instructions above, applicant should provide the name of the awareness topic, the link to the website and list of partners should include their local coalition. If information is not known at the time of application, applicant should indicate they will update ODH during program report and workplan updates in March and June 2025.
- 12. Professional Development (Deliverable 7):** Applicant should indicate the name of the national or state-level conference, or training proposed, and how this will relate to the grant activities selected.
- 13. Partner Agreements:** List potential year-one partners, or applicant may leave blank for the application and update in March and June 2025 for program report. Partner agreements are due at end of first quarter.
- 14. Policy, System or Environmental Change-**please select from pull-down if your activity will address policy, system, environmental change, or a combination. If you selected combination, please explain in the cell provided.
- 15. Workplan Changes:** This should be left in application. Subrecipient should update this cell when submitting updated workplan in March and June 2025 as outlined in appendix C1.

## Appendix G

### Leading Injury-Related Mortality and Morbidity Data Among Children 0-18 Years, Ohio

#### Leading Injury-Related Deaths Among Children (0-18 years), Ohio, 2020-2021

	< 1 year	1-4 years	5-9 years	10-14 years	15-18 years	0-18 years
1	Unintentional Suffocation 138	Unintentional Drowning 39	Homicide 20	Suicide 50	Homicide 146	Homicide 257
2	Homicide 21	Homicide 33	Unintentional MVT 20	Homicide 37	Unintentional MVT 122	Unintentional MVT 200
3	Unintentional MVT 5	Unintentional MVT 22	Unintentional Drowning 11	Unintentional MVT 31	Suicide 94	Unintentional Suffocation 159
4	3-Way Tie*	Unintentional Suffocation 12	Unintentional Fire or Flame 8	Unintentional Drowning 9	Unintentional Drug Poisoning 45	Suicide 144
5		Unintentional Fire or Flame 7	Unintentional Suffocation 5	Other Land Transport 6	Unintentional Drowning 14	Unintentional Drowning 76
		Unintentional Firearm 7				

Source: ODH Bureau of Vital Statistics.

\*Counts under 5 are suppressed.

#### Leading Injury-Related Emergency Department Visits among Children (0-18 years), Ohio, 2021

	< 1 year	1-4 years	5-9 years	10-14 years	15-18 years	0-18 years
1	Unintentional Fall 2,343	Unintentional Fall 13,369	Unintentional Fall 11,526	Unintentional Fall 10,670	Unintentional Struck By/Against 7,799	Unintentional Fall 44,658
2	Unintentional Struck By/Against 490	Unintentional Struck By/Against 5,313	Unintentional Struck By/Against 6,380	Unintentional Struck By/Against 8,761	Unintentional Fall 6,750	Unintentional Struck By/Against 28,743
3	Unintentional Unspecified 423	Unintentional Foreign Body 4,063	Unintentional Foreign Body 2,254	Unintentional Overexertion 4,782	Unintentional MVT 5,116	Unintentional Overexertion 12,469

4	Unintentional Foreign Body 419	Unintentional Unspecified 2,415	Unintentional Cut/Pierce 2,202	Unintentional Unspecified 2,725	Unintentional Overexertion 4,959	Unintentional Unspecified 10,440
5	Unintentional MVT 257	Unintentional Bite and Stings - Nonvenomous 2,138	Unintentional Bite and Stings - Nonvenomous 2,041	Unintentional Cut/Pierce 2,537	Unintentional Unspecified 2,982	Unintentional MVT 10,395
6	Assault 213	Unintentional Cut/Pierce 1,550	Unintentional Unspecified 1,895	Unintentional MVT 2,147	Unintentional Cut/Pierce 2,782	Unintentional Cut/Pierce 9,189
7	Unintentional Other Specified, Classifiable 142	Unintentional Drug Poisoning 1,275	Unintentional MVT 1,745	Self-Harm 1,585	Self-Harm 2,383	Unintentional Foreign Body 8,442
8	Unintentional Bite and Stings - Nonvenomous 131	Unintentional Overexertion 1,225	Unintentional Overexertion 1,433	Assault 1,544	Assault 2,362	Unintentional Bite and Stings - Nonvenomous 6,543
9	Unintentional Cut/Pierce 118	Unintentional Other Specified, Classifiable 1,182	Unintentional Other Specified, Classifiable 1,176	Unintentional Bite and Stings - Nonvenomous 1,289	Unintentional Other Specified, Classifiable 985	Assault 5,989
10	Unintentional Drug Poisoning 112	Unintentional MVT 1,130	Assault 823	Unintentional Other Specified, Classifiable 1,135	Unintentional Bite and Stings - Nonvenomous 944	Unintentional Other Specified, Classifiable 4,620
11	Unintentional Hot Object/ Substance 111	Assault 1,047	Unintentional Bite and Stings - Venomous 755	Unintentional Foreign Body 977	Unintentional Foreign Body 729	Self-Harm 4,016
12	Unintentional Non-Drug Poisoning 85	Unintentional Hot Object/ Substance 733	Unintentional Pedalcyclist, Other 737	Unintentional Pedalcyclist, Other 883	Unintentional Drug Poisoning 634	Unintentional Drug Poisoning 2,444

Source: Ohio Hospital Association



### Leading Injury-Related Hospitalizations among Children (0-18 years), Ohio, 2021

	< 1 year	1-4 years	5-9 years	10-14 years	15-18 years	0-18 years
<b>1</b>	Assault 140	Unintentional Drug Poisoning 126	Unintentional Fall 117	Self-Harm 259	Self-Harm 448	Self-Harm 708
<b>2</b>	Unintentional Fall 50	Unintentional Fall 80	Unintentional MVT 44	Unintentional Fall 75	Unintentional MVT 247	Unintentional Fall 387
<b>3</b>	Unintentional Foreign Body 30	Assault 75	Unintentional Foreign Body 26	Unintentional MVT 70	Assault 92	Unintentional MVT 387
<b>4</b>	Unintentional Drug Poisoning 25	Unintentional Hot Object/ Substance 62	Assault 26	Unintentional Drug Poisoning 34	Unintentional Fall 65	Assault 362
<b>5</b>	Unintentional Hot Object/ Substance 16	Unintentional Foreign Body 61	Unintentional Struck By/Against 24	Unintentional Foreign Body 29	Unintentional Drug Poisoning 63	Unintentional Drug Poisoning 270
<b>6</b>	Unintentional Suffocation 11	Unintentional Non-Drug Poisoning 37	Unintentional Drug Poisoning 22	Assault 29	Unintentional Firearm 59	Unintentional Foreign Body 167
<b>7</b>	Unintentional Non-Drug Poisoning *	Unintentional MVT 23	Unintentional Other Land Transport 15	Unintentional Struck By/Against 26	Unintentional MV Non- Traffic 41	Unintentional Struck By/Against 99
<b>8</b>	Unintentional MVT *	Unintentional Bite and Stings - Nonvenomous 18	Unintentional Pedalcyclist, Other 12	Unintentional Other Land Transport 21	Unintentional Struck By/Against 34	Unintentional Hot Object/ Substance 97
<b>9</b>	Unintentional Bite and Stings - Nonvenomous *	Unintentional Struck By/Against 14	Unintentional Bite and Stings - Nonvenomous *	Unintentional MV Non-Traffic 19	Unintentional Other Land Transport 26	Unintentional Firearm 78
<b>10</b>		Unintentional Suffocation 12	Unintentional Hot Object/ Substance *	Unintentional Non-Drug Poisoning 13	Unintentional Foreign Body 21	Unintentional MV Non- Traffic 72

Source: Ohio Hospital Association

\*Counts less than 11 are suppressed.



**FFY 2025 Injury Prevention-Child Injury Prevention (IC) Program  
ANNUAL WORK PLAN 2024-2025**

<b>County:</b>		<b>Agency:</b>	
<b>Grant/GMIS #:</b>		<b>Contact Name:</b>	

**SECTION I - ANNUAL WORK PLAN (2024 - 2025)**

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.** This workplan is required to be updated March 31 and June 30, 2025, as defined in Appendix C1 and should include both in-person and virtual considerations, when applicable. Please use Appendix F for specific workplan completion instructions.

**Long Term Objective:**

**Focus Areas: (MAXIMUM 2)- please select from drop down**

**Shared Risk and Protective Factors for each focus area**

**Local Community Coalition (Deliverables 1-3):**

**Specific, Measurable, Attainable, Relevant, and Time-Bound (SMARTIE): Objective:**

Priority population				
Evaluation Measure (How do you know you have been successful?)				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#1 Establish and or attend quarterly local coalition meetings			Not Started	
#2 Local Community Coalition Activity: Please specify if building capacity or enhancing existing coalition			Not Started	
#3 Strategic Plan: Please specify if building capacity or enhancing existing coalition			Not Started	
Statewide Coalition & Implementation of State Plans (Deliverables 4-5)				
Specific, Measurable, Attainable, Relevant, and Time-Bound (SMARTIE): Objective:				
Evaluation Measure (How do you know you have been successful?)				
Deliverable#	Timeline (Month/Year)			

	Start	End	Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
#4 Facilitate Child Injury Action Group Subcommittee meetings			Not Started	
#5 Participate in Ohio Injury Prevention Partnership and Child Injury Action Group, as required in solicitation			Not Started	
Child Awareness Week or Month Mobilization(Deliverable 6)				
Name of awareness topic (i.e. National Teen Driving Safety Week)				
Link to awareness website				
Evaluation Measure (How do you know you are successful?)				
List partners you will engage for your child awareness week and/or month.				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#6A National Awareness Mobilization plan			Not Started	

#6B Implementation of National Awareness Mobilization Plan			Not Started	
Professional Development (Deliverable 7)				
Name of professional development conference or training				
Link to training/conference website				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#7 Professional Development				
Workplan & Capacity Assessment (Deliverables 8-10)				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#8 Workplan updates			Not Started	
#9 Baseline Capacity Assessment			Not Started	
#10 Year-1 Capacity Assessment			Not Started	
Full-time Coordinator Requirement (Deliverable 11)				

Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)		
	Start	End				
#11 Full-time Coordinator Requirement			Not Started			
PSEC Strategy #1 (Deliverable 12)						
PSEC selected: as written in solicitation						
PSEC (please select from drop down)	Please Select		If Combination, please explain here			
SMARTIE Objective:						
Focus Area	Please Select					
Priority population						
Evaluation Measure (How do you know you have been successful?)						
Partner Agreements: Please list new partners for year one						
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:			
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)		
	Start	End				
#12A Partner Agreements (PA)/Memorandum of Understanding (MOU).			Not started			

#12B Technical Assistance with updated Data Tracking Framework.			Not started			
#12C Evidence of Implementation and Data Tracking Framework.			Not started			
#12D Evidence of Implementation and/or PSEC Impact Statement , with updated Data Tracking Framework.			Not started			
<b>PSEC Strategy #2 (Deliverable 13)</b>						
<b>PSEC selected: as written in solicitation</b>						
<b>PSEC (please select from drop down)</b>	<b>Please Select</b>		<b>If Combination, please explain here</b>			
<b>SMARTIE Objective:</b>						
<b>Focus Area</b>	<b>Please Select</b>					
<b>Priority population</b>						
<b>Evaluation Measure (How do you know you have been successful?)</b>						
<b>Please list new partners for year one:</b>						
<b>Did you workplan change this quarter? (do not complete this section with application)</b>	<b>Please select</b>		<b>Please Explain:</b>			

Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)		
	Start	End				
#13A Partner Agreements (PA)/Memorandum of Understanding (MOU).			Not started			
#13B Technical Assistance with updated Data Tracking Framework.			Not started			
#13C Evidence of Implementation and Data Tracking Framework.			Not started			
#13D Evidence of Implementation and/or PSEC Impact Statement , with updated Data Tracking Framework.			Not started			
PSEC Strategy #3 (Deliverable 14)						
PSEC selected: as written in solicitation						
PSEC (please select from drop down)	Please Select		If Combination, please explain here			
SMARTIE Objective:						
Focus Area	Please Select					
Priority population						
Evaluation Measure (How do you know you have been successful?)						

Please list new partners for year one:				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#14A Partner Agreements (PA)/Memorandum of Understanding (MOU).			Not started	
#14B Technical Assistance with updated Data Tracking Framework.			Not started	
#14C Evidence of Implementation and Data Tracking Framework.			Not started	
#14D Evidence of Implementation and/or PSEC Impact Statement , with updated Data Tracking Framework.			Not started	
PSEC Supportive Strategy #1 (Deliverable 15)				
PSEC Supportive selected: as written in solicitation				
Identify how this supportive supports a PSEC selected.				
SMARTIE Objective:				
Priority population				



Focus Area	Please Select			
Evaluation Measure (How do you know you have been successful?)				
Please list new partners for year one:				
Did you workplan change this quarter? (do not complete this section with application)	Please Select	Please Explain:		
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#15A Implementation Plan			Not started	
#15B Evidence of Implementation			Not started	
PSEC Supportive Strategy #2 (Deliverable 16)				
PSEC Supportive selected: as written in solicitation				
Identify how this supportive supports a PSEC selected.				
SMARTIE Objective:				
Priority population				
Focus Area	Please Select			
Evaluation Measure (How do you know you have been successful?)				
Please list new partners for year one:				
Did you workplan change this quarter? (do not complete this section with application)	Please select	Please Explain:		

Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#16A Implementation Plan			Not started	
#16B Evidence of Implementation			Not started	
Please copy cells and insert cells for additional activities.				

