



MEMORANDUM

Date: Tuesday, Aug. 19, 2025

To: Subrecipient agencies

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

Subject: Integrated Harm Reduction (IH26) 09/30/2025 – 09/29/2026

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., on Tuesday, September 15, 2025. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System Portal (GMISP). For new staff requiring GMISP access, you must have your primary user set up a secondary user account. Training materials can be found: <https://odh.ohio.gov/about-us/funding-opportunities/resources>.

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 until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administrative Policies and Procedures (OGAPP) manual rules, ODH policy and procedure updates posted on the GMISP bulletin board, all federal, state, and local laws and ordinances, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at www.odh.ohio.gov/about-us/funding-opportunities/ODH-grants.

If you have questions, please contact Devin Quinn, Program Manager of Community Harm Reduction at 614-728-2090 or e-mail at devin.quinn@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

☐ **Base Only Funding** ☒ **Deliverable Funding**

The Continuation Funding Application consists of multiple components, including updated Narrative, New Letters of Support (**if applicable**), updated workplan, updated Budget Justification and updated Program Narrative, and other required 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 the entire application will not be considered for review.**

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: 09/30/25 – 09/29/26 of the total project period, 09/30/25 – 09/29/26. Reference the competitive solicitation for more information.

Important Dates

Applications Due	Monday, September 15, 2025 (4:00 p.m.)
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The application summary information is provided to assist your agency in identifying your funding criteria:

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

An application for an Ohio Department of Health (ODH) grant consists of several required components including utilizing the Grants Management Information System Portal (GMISP) <https://odh.ohio.gov/about-us/funding-opportunities/resources/ofa-gmis>. 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, the application will not be considered for review.**

- Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules, all state, federal, and local laws, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period 9/30/2025 to 9/29/2026 of the total project period 09/30/2026 to 9/29/2026. Reference the competitive solicitation for more information.
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- 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 ODH policies and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policies and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding 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 ODH policies and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

B. Application Name: Integrated Harm Reduction 2026 (IH26)

C. Purpose: This funding is to strengthen and expand community-based programs focused on harm reduction initiatives including overdose education, naloxone distribution, and syringe service programs (SSP's)

Overdose Reversal Medication (ORM) such as naloxone plays a critical role in harm reduction by effectively reversing overdoses caused by opioids, including prescription opioids, heroin, and fentanyl. Ensuring widespread access to ORM is essential for preventing fatalities among Ohioans who use both licit and illicit substances.

Targeted intervention efforts to address the opioid crisis in minority populations within Ohio are crucial due to the disproportionate impact of the epidemic on these communities. According to recent data, overdose deaths among Black Ohioans increased by 15% between 2020 and 2021, with Latino and Hispanic populations also experience their highest recorded overdose death rates in 2021. This trend indicates that minority communities' area increasingly vulnerable to the effects of the opioid crisis, yet they often have less access to critical harm reduction services, such as ORM distribution and syringe service programs. Addressing these disparities through targeted interventions can help reduce the mortality rates in these communities by ensuring that life-saving resources are equitably distributed and accessible.

Moreover, these targeted efforts are vital for addressing the broader social determinants of health that contribute to higher overdose risks in minority populations. Structural inequalities, including economic instability, housing insecurity, and limited access to healthcare, exacerbate the opioid crisis's impact of these communities. By focusing on minority populations, Ohio can create more equitable and effective responses to the opioid crisis, ensuring that the interventions are tailored to meet the specific needs of these groups. This approach not only helps in saving lives but also promotes long term community resilience against substance use disorders.

Funded programs are expected to continue the work of integrating services into high-priority settings where they are most likely to encounter and assist at-risk and underserved populations, such as racial and ethnic minorities, homeless or displaced individuals, people engaged in sex work, and justice-involved individuals.

D. Number of Grants and Funds Available: Up to 36 grants may be re-awarded, a total of \$4,880,000.00 eligible agencies may apply for an amount between **\$62,500 to \$168,000** based on their program size. Up to 6 awards will be granted to small programs; up to 17 awards will be granted to medium programs; and up to 13 awards will be granted to large programs. For a financial breakdown by program size, please refer to [Appendix G](#).

This program is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid and Stimulant Response (SOS) grant (TI-22-005). ODH received SAMHSA funds via agreement with the Ohio Department of Mental Health and Addiction Services (MHAS).

No grant award will be issued for less than \$62,500. 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.

E. Qualified Applicants: 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. Applicant is a previous IH25 grantee and has successfully completed all required reporting at time of application submission.
3. The applicant is a registered Project DAWN program in good standing, including timely and accurate data submissions at the time of application review.
4. Applicants have not been certified to the Attorney General's (AG's) office.
5. The applicant submits all required attachments by **4:00 p.m. on Tuesday, September 2, 2025.**

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

F. Due Date: All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m., Tuesday, September 2, 2025.** Applications and required attachments received after this deadline will not be considered for review. Contact Devin Quinn at Devin.Quinn@odh.ohio.gov with any questions.

G. Program Period and Budget Period: The program periods will begin on **09/30/2025** and end on **09/29/2026**, pending available funding. The timeline is subject to change. The budget period for this application is the same as the program period.

H. Public Health Accreditation Board (PHAB) Standard(s): The Harm Reduction Expansion grant will address the following PHAB Standards:

- **Standard 1.1:** Participate in or lead a collaborative process resulting in a comprehensive community health assessment.
- **Standard 1.2:** Collect and share data that provides information on conditions of public health importance and on the health status of the population.
- **Standard 2.1:** Anticipate, prevent, and mitigate health threats through surveillance and investigation of health problems and environmental hazards.
- **Standard 2.2:** Prepare for and respond to emergencies.
- **Standard 3.1:** 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 promoting health through collaborative processes.

- **Standard 5.1:** Serve as a primary and expert resource for establishing and maintaining health policies and laws
- **Standard 5.2:** Develop and implement community health improvement strategies collaboratively.
- **Standard 7.1:** Engage with partners in the health care system to assess and improve health service availability.
- **Standard 7.2:** Connect the population to services that support the whole person.

The PHAB Standards are available at the following website: [Public Health Accreditation Board \(PHAB\) Website](#)

II. PROGRAM UPDATES:

Programs should review previous solicitation and application when drafting the program narrative, objectives, and workplan.

- A. Program Narrative:** Complete and submit a narrative statement (do not exceed 5 pages*) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. The narrative statement must expound upon the new work the program plans to undertake in the grant year.

*Certain applicants may request additional settings or strategies. **Only those that were previously denied during the IH25 application period may request this.** For example, if your agency applied for four (4) strategies but received funding for only three (3), you may apply for the fourth strategy under IH26. However, the additional setting or strategy **must already be operational**. Therefore, applicants may only request to maintain, expand, or enhance existing programs—implementation of entirely new settings or strategies will not be considered. Applicants must provide a detailed explanation of the goals and objectives for the proposed setting or strategy. A narrative of **up to** but **no more** than 10 pages may be submitted to support requests for additional objectives or funding.

- B. Objectives and Work Plan:** Complete and submit an updated work plan. This should be based on a review of Progress Reports submitted to date. Provide a brief statement in the “Details of Current Status” box for each Setting-Strategy addressing elements of each objective and activity, including status (on track, at risk, off track); major findings; and barriers and how barriers were addressed. An example for each required component of the workplan is included in the template of Appendix B which will be provided.
- C. Documentation and Progress on Health Disparity Reduction Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health disparity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the target populations and / or neighborhoods specified in their plan.
- D. Human Trafficking:** Human trafficking is defined using 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:

- a. Victims of human trafficking are included in your agency's target population.
 - 1. At-risk population.
 - 2. Mental health population.
 - 3. Homeless population.

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to Integrated Harm Reduction (IH26)

- E. 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.**
- F. Programmatic, Technical Assistance, and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website. Please contact Devin Quinn at devin.quinn@odh.ohio.gov for questions about the continuation.
- G. Acknowledgement:** A continuation application submitted status will appear in GMIS that acknowledges ODH system receipts of the application submission.
- H. Late Applications:** GMIS automatically provides a time and date stamp for grant application submissions. Required attachments and/or forms must be uploaded into GMIS Portal by Tuesday, September 2, 2025, at 4:00 p.m.
- I. 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.
- J. Unsuccessful Applicants:** Within 30 days after a decision to disapprove of a continuation application, a written notification, issued over the signature of the Director of Health, or their designee, shall be sent to the unsuccessful applicant via GMIS.
- K. Review Criteria:** All continuation applications will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent of the proposal:
 - A.** Updates/revise narrative to reflect previous/ongoing efforts with IH26 funding
 - B.** Is responsive to the policy concerns and program objectives of the initiative/program/activity for which grants dollars are being made available.
 - C.** It is well executed and can attain program objectives.
 - D.** Describes Specific, Measurable, Attainable, realistic & Time Bound (SMART) goals.
 - E.** Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results.
 - F.** Shows that the program personnel are well qualified by training and/or experience for their roles in the

program.

- G. That the applicant organization has adequate facilities and personnel to reflect the communities served through the grant funds.
- H. Have an evaluation plan, including a design for determining programs success and demonstrate that the community being served will be meaningfully engaged in formative and outcome driven evaluations.
- I. Respond to the special conditions and program priorities specified in the original solicitation.
- J. Have an acceptable past performance in areas related to programmatic and financial stewardship of grants funds, particularly as it is concerned with IH25.
- K. Are compliant with OGAPP.
- L. Explicitly identify specific groups in the service area who experience a disproportionate burden of diseases; health conditions(s); or who are at an increased risk for problems addressed by this funding opportunity.

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

L. 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 to be 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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

M. 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 as a whole, or in part, by the federal government, unless 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:

“Funding for this publication was made possible by 1H79TI087745-01 from SAMHSA. The views expressed in this publication do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

N. 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 funds.

Note: Failures 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: Subrecipient program reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) 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
Quarter 1 Progress Report	January 5, 2026, 11:45p.m EST
Quarter 2 Progress Report	April 5, 2026, 11:45p.m EST
Quarter 3 Progress Report	July 5, 2026, 11:45p.m EST
Quarter 4 Progress Report	October 5, 2026, 11:45p.m EST

- O. **Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

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

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
September 30 – December 31, 2025	January 10, 2026, 11:45p.m EST
January 1 – March 31, 2026	April 10, 2026, 11:45p.m EST
April 1 – June 30, 2026	July 10, 2026, 11:45p.m EST
July 1 – September 29, 2026	October 10, 2026, 11:45p.m EST
September 30 – September 29, 2026	November 5, 2026, 11:45p.m EST

Note: Obligations not reported on the final monthly or fourth quarter expenditure report will not be considered for payment with the final expenditure report.

- b. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 11:45 p.m EST. on November 5, 2026. 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 ALL Subrecipient program and expenditure reports via the ODH GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

Special Conditions(s): A Special Conditions link is available for viewing and responding to so special conditions within GMIS. The 30-day 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.

- i. **Compliance:** Answer each question on this form. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

b. 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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget justification.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget justification and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
Office Furniture (including but not limited to desks, chairs, and filing cabinets) unless otherwise stated.
22. Xylazine Test Strips.

23. Needle Exchange Supplies.
24. First-Aid Supplies for Harm Reduction.
25. Overtime Compensation.
26. Taxes.
27. Severance Pay.
28. Recruitment Costs/Job Marketing.
29. Airfare.
30. Costs for Staff to attend Out-of-State Conference and/or Training.
31. Lodging.
32. Meal Per Diem.
33. Trailers and Modular Units.

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. Please refer to the OGAPP manual for additional information.

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement (15%) as negotiated with and approved by the cognizant federal funder (SAMHSA). If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.

Please base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

P. Application Submission: Formatting Requirements

- a. Properly label each item of the application packet (ex. budget justification, program narrative).
- b. Each section should use 1.5 spacing with one-inch margins.
- c. Program and budget justification must be submitted in portrait orientation.
- d. Number all pages. Place the agency name and GMIS number on each page.
- e. Use a 12-point Calibri font.
- f. Program Narrative should not exceed 5 pages unless otherwise stated to the applicable 10 pages. (**excludes** appendices, attachments, budget, and budget justification).
- g. Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following

- Executive Summary
- Project Narrative (5-10 pages depending on type see [Appendix A](#) for application guidance).
- Updated Workplan.
- Itemized Budget.
- Budget Justification.
- Letters of Commitment (If Applicable).

- Updated Resumes (if Applicable)
- Updated Role Transition Plan. (if Applicable)
- IH26 Supplies Estimate Form.

V. APPLICATION REQUIREMENTS AND FORMAT

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 acknowledgement 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 the completion of the budget section, please review [the unallowable costs](#) and Appendix M of the Solicitation for a complete list of allowable/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.

- C. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria as well as the SOS 4.0 guidance in Appendix M.

- a. Budget Justification:** Provide detailed budget justification in the format provided via the template that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification template is located in [Appendix C](#).

- 1. Primary Reason and Justification Pages:** for deliverable subgrants, provide a budget justification narrative outlining how the deliverable will be met. For base grants provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS.
- 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 of 09/30/2025 – 09/29/2026. Funds may be used to support personnel, their training, travel (see OBM Website) <https://obm.ohio.gov/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 services 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 expenditure is 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.

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.

D. Assurances Certification: Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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 submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Project Narrative

1. **Updated Executive Summary:** Identify any changes in target population, 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. Identify the county and region which agency is based.
2. **Description of Applicant Agency/Documentation of Eligibility:** Identify any changes to program size or scope as well as Project DAWN status changes and how the agency has been affected because of those changes.
3. **Problem/Need:**
 - a. **For Programs not requesting additional funded strategies:** Provide a brief explanation on the efforts undertaken thus far to accomplish goals and expectations/changes for work to be undertaken in IH25.
 - b. **For Programs requesting additional funded strategies:** Identify and describe the local health status concern(s) that will be addressed by the new strategies and how they will complement the previously funded strategies. 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 to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

4. Methodology: Must include activities that align with implementation, expansion, enhancement, or maintenance (creation of implementation plan, additional operating hours, new services, etc.) Identify existing resources (including partnerships), barriers, and facilitators that may impact the project. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Goals must be in SMART format and in alignment with workplan objectives.

F. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire (EEO) 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.

G. Federal Funding Accountability and Transparency Act (FFATA): All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet 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 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 or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

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

Attachments(s): All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number. All attachments submitted in GMIS must be attached in the "Project Narratives" section and be in PDF format. Please see the GMIS job aids or GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be uploaded to GMIS by **11:45 on or before Tuesday, September 2, 2025.**

b. Other Required Documentation:

- 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 on 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.

Audit: Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

IV APPENDICES

- Appendix A – [Application Guidance](#)
- Appendix B – Workplan Template
- Appendix C – [Budget Justification Template](#)
- Appendix D – [Itemized Budget Template](#)
- Appendix E – [Supplies Estimate Form](#)
- Appendix F – [List of Approves Harm Reduction Strategies and Settings](#)
- Appendix G – [Deliverable Objective Allocations](#)
- Appendix H – [Application Review Form](#)
- Appendix I – [Role Transition Template](#)
- Appendix J – [Harm Reduction Equipment Purchase Form](#)
- Appendix K – [Deliverables and Expectations](#)
- Appendix L – [ODH Evidence of Health Disparity Strategies Checklist](#)
- Appendix M – SOS Funding Allowables Reference Resource

Application Guidance

Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health, Violence and Injury Prevention Section. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the proposed strategies will be additive and not duplicative.

All attachments must be PDF format.

Required Components

1. Project Narrative: 5-page limit for programs not requesting new strategies; up to 10-page limit for programs requesting newly funded strategies. Submit file with naming convention of “Agency Name_IH26_Narrative”. The Narrative should consist of the following:

A. Executive Summary: Provide a concise summary that identifies:

- The target population(s) for IH26.
- The specific health disparities or inequities to be addressed.
- A summary of services and strategies that will be implemented in IH26.

B. Description of Applicant Agency/Documentation of Eligibility: Briefly describe any updates relevant to:

- Your organization’s capacity to deliver harm reduction services in IH26 and how it may have improved since IH25.
- Internal procedures for Project DAWN data compliance and portal maintenance (only if changes have occurred).
 - Changes to Project DAWN group status because of IH25 and how your agency has adapted to this change.
- Relevant personnel, contractors, or partner updates. (Include updated resumes/job descriptions/Letters of Commitment in attachments as appropriate).
- Your organizations continued commitment/ability to meet National CLAS and ADA communication standards with priority population(s).
- Indicate any necessary updates and/or revisions to your program size based on table below. The number of naloxone kits and FTS distributed do not count as service encounters.

Project DAWN Program Size	Average # Service Encounters per Year
Small	Up to 1,000
Mid	1,001 – 2,000
Large	2,001+

C. Problem/Need: Applicants should only provide this section if the public health need or priority population has shifted since the last submission. If unchanged, this section may be omitted or limited to one paragraph. If included:

- Describe any updated or newly identified health disparities or emerging needs in the geographic area or populations to be served in IH26.
- Reference local data sources such as ODH's Community Wellbeing Dashboard or Health Improvement Zone tools where applicable

D. Methodology:

- Indicate up to four (4) harm reduction goals based on strategies or settings selected from the List of Approved Harm Reduction Strategies and Goals ([Appendix F](#)). Clearly indicate if the intent is to **implement, enhance, expand, or maintain** the strategy or setting. Goals and strategies must correlate to the number of service encounters based on your program size.

Reminder: If a program is applying for additional goals not originally funded in IH25 they must be activities currently undertaken and thus would **only fall under** the enhance, expand, or maintain categories.

Methodology must include activities that align with implementation, expansion, enhancement, or maintenance (creation of implementation plan, additional operating hours, new services, etc.) Identify existing resources (including partnerships), barriers, and facilitators that may impact the project. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Goals must be in SMART format and in alignment with workplan objectives.

- Programs can choose their own strategy that is appropriate for service area and population to serve but they must provide a backup option if not approved by ODH. Please clearly indicate this in the application, if applicable.
- Applicants that propose to implement a new syringe service program/bloodborne pathogen prevention program **must have formal approval from the County Board of Health to qualify for funding toward this effort as evidenced by Board of Health meeting minutes, signed letter, or electronic communication confirming approval status for operation.**
- Identify which harm reduction goal is being evaluated and the status of that evaluation.
- For outreach, clearly define target populations, planned methods for outreach, and how outreach will be effective at reaching these populations. Highlight differences, if any from outreach deployed in IH25.

2. Workplan (Appendix B): Use provided template, no page limit - named "Agency name_IH26_Workplan".

3. Budget Justification ([Appendix C](#)): Use Provided Template no page limit – named "Agency name_IH26_Budget Justification".

- Costs must match the deliverable objective allocation based on program size.

4. Itemized Budget ([Appendix D](#)): Use provided template, no page limit – named "Agency Name_IH26_Itemized Budget"

- Applicants must submit an itemized budget that demonstrates how grant funds will be utilized in relation to the proposed project. Items such as personnel, social marketing, supplies, equipment should be clearly defined and accounted for. Total should not exceed the amount of funds requested.

5. Letters of Commitment: no page limit – named "Agency Name_IH26_LOS".

- Applicant must submit one (1) letter of commitment for each **new or updated** partner identified in the narrative and workplan. Letters of commitment should be tailored to each partner and identify the contributions they will make if the applicant is awarded.
- Please note, letters of commitment will be taken into greater consideration as this type of letter demonstrates your partners' involvement.

6. Public Health Impact Statement of Support (non-health department only): no page limit - named "Agency Name_IH26_Public Health SOS".

- Include a statement of support from the local health district with the grant application, if available. This is preferred but not required. If a statement is not available, note this in the program summary. Applicants with a regional or statewide focus should submit support from at least one (1) local health district.

7. IH26 Supplies Estimate Form ([Appendix E](#)): Use provided template, 1 page limit - named "Agency Name_IH26_Supplies Estimate"

- Applicants must complete and attach the Supplies Estimate Document which clearly indicates the estimated number of naloxone boxes, fentanyl test strips (if applicable), Project DAWN pouches, face masks, face shields, and gloves needed to carry out program activities. Supplies requested should align with proposed activities and program objectives listed in Program Narrative and Workplan.

8. Updated Role Transition Plan Template ([Appendix I](#)): Provided template (optional), no page limit – named "Agency Name_IH26_Updated Role Transition Plan".

9. Harm Reduction Equipment Purchase Form ([Appendix J](#)) OPTIONAL: Not due with application, for use during quarterly reporting.

**BUDGET JUSTIFICATION TEMPLATE
(Deliverable Funding Only)**

NOTES:

- 1. Budget justification line items **MUST** be in the same order as in the GMIS budget.
- 2. Please submit a Budget Justification for each one year (IH26).

OTHER DIRECT COSTS

Deliverable – Objectives

• Deliverable – Objective 1	\$X,XXX
• Deliverable – Objective 2(Optional)	\$X,XXX
• Deliverable – Objective 3(Optional)	\$X,XXX
• Deliverable – Objective 4(Optional)	\$X,XXX
• Deliverable – Objective 5	\$X,XXX
• Deliverable – Objective 6	\$X,XXX
• Deliverable – Objective 7	\$X,XXX
• Deliverable – Objective 8	\$X,XXX

Total Other Direct Costs	\$Total
---------------------------------	----------------

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.
- 3. Authorized representative certification language must also be included with agency head signature.

<< Signature Lines on Next Page >>

Appendix C

Subrecipient's authorized representative certifies the foregoing:

- 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).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under ODH policies and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policies and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding 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 ODH policies and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

[Signature]

[Print Name & Title]

[Date]

Itemized Budget
Integrated Harm Reduction Grant (IH26)

Please base the budget on the project period of 9/30/2025 - 9/29/2026.
Add/delete lines as necessary.

Expenses	Cost
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
TOTAL PROJECT BUDGET	

IH26 Supplies Estimate Form

This form serves as a guide for ODH staff to prepare inventory for IH recipients. Please use your best estimates to provide the quantity of the listed supplies you will require for the grant period of 9/30/2025 – 9/29/2026.

Program Information	
Agency Name:	
GMIS Number:	
County:	
Project DAWN Region:	

Supplies	
Please select all that apply.	
Naloxone.	<input type="checkbox"/>
Project DAWN Bags.	<input type="checkbox"/>
Gloves.	<input type="checkbox"/>
Face Shields.	<input type="checkbox"/>
Fentanyl Test Strips.	<input type="checkbox"/>
Emergency Access Cabinets. (Similar to NaloxBoxes)	<input type="checkbox"/>



Supplies Estimate	
Please indicate the number of supplies you are requesting. If no supplies are needed, enter 0.	
Estimated number of requested (4mg) naloxone boxes for grant period (2 doses per box):	
Estimated number of requested fentanyl test strips (not boxes) for grant period:	
Estimated number of requested Project DAWN bags for grant period:	
Estimated number of requested boxes of gloves for grant period: (1 box = 100 individual gloves = 50 pairs of gloves)	
Estimated number of requested boxes of face shields for grant period: (1 box = 100 face shields)	
Estimated number of Emergency Access Cabinets:	

Appendix F

List of Approved Harm Reduction Strategies and Settings

Applicants may choose an unlisted strategy or setting that is appropriate for their service area and population(s) of focus, but they must provide a backup option if not approved by ODH.

Options for Strategies

(Must include/relate to distribution of fentanyl test strips (FTS) and/or naloxone)

- Building an application or alert system for overdose spikes and response.
 - For example, leveraging OD Maps within your region can provide timely alerts, allowing you to monitor and identify areas in your county experiencing spikes in overdose incidents.
- Develop local anti-stigma training/course.
 - This initiative could target both the public and first responders. Implementing pre- and post-surveys would help assess information retention and measure any reduction in stigma related to the topic.
- EMS or law enforcement leave-behind program.
 - Providing first responders with naloxone to leave with family, friends of the person who overdosed or if the person who overdosed does not want to go to the hospital.
- Infectious disease screening and linkages to treatment for sub-populations of PWUD.
 - Ex: Syphilis in Women of Reproductive Age (WRA) [Ages 14-44] and among Men who have Sex with Men (MSM).
- Installation of Harm Reduction Vending Machines.
 - These should be placed in high foot traffic areas to provide people with naloxone, FTS, safer sex kits, feminine hygiene products, and other materials the community might need that's an allowable cost.
- Pre-treatment assessment & linkage to medication-assisted treatment (MAT).
- Establishing a Quick Response Team.
 - Ex: Working with first responders to know where and when an overdose has occurred to provide follow-up resources and education within a couple of days of the event.
- Maintaining/expanding/enhance a Syringe Service Program.
 - Expansion and enhancement could include peer support counseling, connections to treatment services, testing and screening for infectious diseases (Hepatitis and/or STIs), and other wrap-around services.
- Transportation programs.
 - Increase access to care and service delivery in rural communities. Possible program models include working with existing public transit systems to expand services beyond the traditional "fixed route system" to include a variety of other models, such as ridesharing, volunteer models, and mobility management models.
 - This strategy should operate beyond traditional voucher purchasing.

Appendix F

Options for Settings

(To distribute fentanyl test strips and/or naloxone to be provided)

Colleges and universities.	Treatment and recovery.
Healthcare-based: hospital, emergency department, FQHC.	Street outreach/pop-up events in high-risk zip codes.
Justice-based (courts, community corrections, local jail).	
Online/mail-order.	

- At least three community access points:

Bars/restaurants.	Faith-Based establishment.
Community centers.	Barber shops and salons.
Gas stations.	Lodging (hotels/motels).
Homeless shelters and food pantries.	

Deliverable Objective Allocations

IH26 Budget (9/30/25-9/29/26)			
Deliverable Objective	Small Program	Medium Program	Large Program
1 - Goal 1	\$12,500.00	\$16,000.00	\$21,000.00
2 - Goal 2 (optional)	\$12,500.00	\$16,000.00	\$21,000.00
3 - Goal 3 (optional)	\$12,500.00	\$16,000.00	\$21,000.00
4 - Goal 4 (optional)	\$12,500.00	\$16,000.00	\$21,000.00
5 - Outreach	\$12,500.00	\$16,000.00	\$21,000.00
6 - Project DAWN Activity Assessment	\$12,500.00	\$16,000.00	\$21,000.00
7 - Evaluation Plan	\$12,500.00	\$16,000.00	\$21,000.00
8 - Annual Project Staffing & Role Transition Plan	\$12,500.00	\$16,000.00	\$21,000.00
Total (Min)	\$62,500.00	\$80,000.00	\$105,000.00
Total (Max)	\$100,000.00	\$128,000.00	\$168,000.00

IH26 Continuation Application Review Tool

Agency:			
GMIS No:			
Date:			
Rater ID:			
Award Amount Requested:			
Program Size (Large, Medium, Small):			
Region:			
Attachments			
Narrative Present (5-10 Pages).	YES	NO	
Comments:			
Executive Summary			
• Target Population Listed.	YES	NO	N/A
• Health Disparities/Inequities Addressed.	YES	NO	N/A
• Summary of Services/strategies to be implemented.	YES	NO	N/A
• New strategies/goals proposed (for previously denied applicants only).	YES	NO	N/A
Comments:			
Description of Applicant Agency/Documentation of Eligibility:			
• Mentions of capacity/ability related to IH26.	YES	NO	N/A
• Relevant Personnel/Partner/Contract Changes.	YES	NO	N/A
• Program Size Changes.	YES	NO	N/A
Comments:			
Updated Work Plan			
• Uses Template.	YES	NO	N/A
• The workplan aligns with proposed continuation scope.	YES	NO	N/A
• Budget aligns with proposed activities.	YES	NO	N/A
Comments:			
Budget Justification			
• Uses Template.	YES	NO	N/A
• Budget does not exceed maximum.	YES	NO	N/A
• Budget aligns with proposed activities.	YES	NO	N/A
• Budget justification is clear and reasonable.	YES	NO	N/A
• No unallowable costs listed.	YES	NO	N/A
Comments:			

Itemized Budget			
• Uses Template.	YES	NO	N/A
• Budget does not exceed maximum.	YES	NO	N/A
• Budget aligns with proposed activities.	YES	NO	N/A
• Budget justification is clear and reasonable.	YES	NO	N/A
• No unallowable costs listed.	YES	NO	N/A
Comments:			
New/Updated Letters of Commitment.	YES	NO	N/A
Comments:			
Public Health Impact Statement of Support (for non-health department only).	YES	NO	N/A
Comments:			
IH26 Supplies Estimate Form Completed.	YES	NO	N/A
Comments:			
Updated Role Transition Plan Template Completed or alternative Form Provided.	YES	NO	N/A
Comments:			
Updated/New Resumes/Job Descriptions Included.	YES	NO	N/A
Comments:			
Project DAWN Data Up To Date.	YES	NO	N/A
Comments:			
Performance & Compliance History			
• Deliverables submitted on time under IH25.	YES	NO	N/A
• Effective and responsive communication with ODH.	YES	NO	N/A
• Attendance at Project DAWN meetings (2024–2025).	YES	NO	N/A
○ Number of meetings attended in 2025:	x/x		
• Timely submission of required reports during IH25.	YES	NO	N/A
Comments:			
Funding Recommendation			
• Recommended.	YES	NO	
• Recommendation with Special Conditions.	YES	NO	
• Not Recommended.	YES	NO	N/A
• Special Conditions list (If Applicable):			
• Justification for Funding/Not Funding:			
• Strengths:			
• Weaknesses:			

IH26 Staff Designation & Role Transition Plan

[Subrecipient Name]

Date: XX/XX/XXXX

Guidance for this template is provided as highlighted. Fill in highlighted sections before submitting to ODH. Programs can edit and add sections to this template as needed, but at minimum, provide the information below.

Please email this document to your ODH consultant by Tuesday, September 2, 2025 and resend it whenever staff changes. Although this document has a deadline to be sent to ODH, it should serve as a livable, internal document that should be updated as staff roles and tasks change.

Program Personnel - List personnel who will have responsibilities related to IH25 Grant program operations. At a minimum, a Program Coordinator (or other appropriate title) should be identified.

Program Coordinator

Name:

Email:

Phone:

Weekly Hours Dedicated to Program:

Job Description (pertaining to the program):

[Other essential personnel if applicable; specify title. Add as many as needed]

Name:

Email:

Phone:

Weekly Hours Dedicated to Program:

Job Description (pertaining to the program):

Staff Designation:

Title of Staff Person to Assume Role of Interim Program Coordinator: [insert job title]

Role Transition Plan:

Hand-Off Plan: Describe how hand-off duties between the current Program Coordinator and succeeding personnel (including interim coverage) will be coordinated, including communication with ODH, completing grant activities & GMIS, and naloxone distribution.

PLACE ANSWER HERE

Resources: List any important resources or documents the interim Program Coordinator or successor should be aware of and **how to access them**. This should include but is not limited to (below are examples):

- **Outline of Responsibilities, Duties, and Tasks**

- **Daily responsibilities/tasks.**

- **PLACE ANSWER HERE**

- **Weekly responsibilities/tasks.**

- **PLACE ANSWER HERE**

- **Monthly responsibilities/tasks.**

- **PLACE ANSWER HERE**

- **Annual responsibilities/tasks.**

- **PLACE ANSWER HERE**

- **Regular or reoccurring meetings and their frequencies.**
 - **PLACE ANSWER HERE**
- **Important documents**
 - **Standard operating guidelines**
 - **PLACE ANSWER HERE**
 - **Participation agreements, MOUs, or contracts**
 - **PLACE ANSWER HERE**
 - **Outreach and evaluation plans**
 - **PLACE ANSWER HERE**
 - **Quarterly progress report**
 - **PLACE ANSWER HERE**
- **Data**
 - **Program data (e.g. client intake forms, monthly distribution logs, internal data tracking files) and links to access**
 - **PLACE ANSWER HERE**
 - **Outreach and program evaluation data**
 - **PLACE ANSWER HERE**
 - **Reports**
 - **PLACE ANSWER HERE**
 - **Inventory or tracking procedures.**
 - **PLACE ANSWER HERE**
- **Outline of Current Projects and Initiatives**
 - **List of outstanding projects and deliverables**
 - Please include a description outlining the project or deliverable, how much progress you have made, what the next steps might be, any important dates or deadlines, key partners or secondary distribution sites.
 - **PLACE ANSWER HERE**
 - Please also include any instructions or resources that would aid someone completing in both an interim and permanent capacity.
 - **PLACE ANSWER HERE**
 - Timelines they should be aware of (especially important deadlines throughout the grant)
 - **PLACE ANSWER HERE**
- **Grant or other relevant funding information**
 - **RFP, email updates from ODH, deliverable cheat sheet**
 - **PLACE ANSWER HERE**
 - **Application materials (e.g. workplan, project narrative)**
 - **PLACE ANSWER HERE**
 - **Required meetings and times.**
 - **PLACE ANSWER HERE**

- **Important Contacts, Resources, Trainings.**

- **A list of the important (internal and external) contacts for the role, including contact information and responsibilities or relationship to grant.**

- **PLACE ANSWER HERE**

- **Training resources and links. Ex: new program orientation, Harm reduction 101 trainings etc.**

- **PLACE ANSWER HERE**

Include anything that would help the successor continue operating the program as seamlessly as possible!

IH26 Harm Reduction Equipment Purchase Form

[Subrecipient Name]

Quarter [] (Enter Quarter Dates XX - XX)

This form is required if you have purchased equipment to distribute harm reduction items or services (e.g., vending machines, Barney boxes) using IH25 funds. Once complete, please upload the form to GMIS and notify your ODH Grant Consultant.

Please note: For items valued over \$5,000, a separate Tangible Personal Property Report (TPPR) must be completed at the end of the grant year.

Item	Cost	Qty.	Total Cost	Purchase Date

Item	Location/Placement of Item	Supplies/Materials to be Offered

Comments:

Deliverables and Expectations

Name of Subgrant Program: Integrated Harm Reduction (IH26)

Budget Period: 09/30/2025 – 09/29/2026

Number of Deliverables: 8 (Eight)

Use Budget Justification Scenario:

- ☐ Base and Deliverables
- ☒ Deliverables Only

Reporting Requirements

- **Funded applicants will be required to submit:**
 - Project DAWN data on the 10th of every month.
 - Naloxone Intake Forms in REDCap.
 - Monthly Distribution Log in Project DAWN Portal.
 - Monthly Fentanyl Test Strip Distribution Data in REDCap (if applicable).
 - Quarterly reports to document the progress of identified goals for selected strategies and settings.
 - Quarterly updates on outreach activities (see Deliverable Objective 5).
 - End-of-year activity assessment (see Deliverable Objective 6).

Other Required Activities

- ODH will conduct at least one (1) site visit during the IH26 grant period. Please be prepared to have ODH staff observe your interventions in action. Site visits will be conducted between April 1, 2026 – July 31, 2026
- Subrecipient Project DAWN programs must remain in good standing through the duration of the grant cycle. In addition to the required Project DAWN reporting, subrecipients must attend all bi-monthly Project DAWN meetings and IH25 grant meetings.
- Failure to meet deliverables and perform required activities may result in withholding funds, intensive monitoring, and other disciplinary actions.

Deliverables List

- **Deliverable — Objective 1: Harm Reduction Goal for Strategy or Setting #1**

By September 29, 2026, subrecipient will continue, enhance, or expand harm reduction strategy or setting implemented in Year 1 (IH25). Subrecipients are expected to: execute objectives and activities as defined in the IH26 Work Plan; measure progress and key performance indicators; provide regular status updates to ODH via technical assistance calls, grant meetings, and Quarterly Progress Reports; maintain records related to the operation of strategy or setting; identify risks and implement corrective action as needed; and communicate any changes to ODH in a timely manner.

- **Deliverable — Objective 2: Harm Reduction Goal for Strategy or Setting #2 (Optional)**

- By September 29, 2026, subrecipient will continue, enhance, or expand harm reduction strategy or setting implemented in Year 1 (IH25). Subrecipients are expected to: execute objectives and activities as defined in the IH26 Work Plan; measure progress and key performance indicators; provide regular status updates

to ODH via technical assistance calls, grant meetings, and Quarterly Progress Reports; maintain records related to the operation of strategy or setting; identify risks and implement corrective action as needed; and communicate any changes to ODH in a timely manner.

- **For Subrecipients Not Funded for a Strategy or Setting under Objective 2 in Year 1 (IH25):**

If the subrecipient was not funded for a Strategy or Setting of Objective 2 in Year 1 (IH25), they may propose the implementation of a new harm reduction strategy from the list provided in Appendix F of the IH25 Solicitation. A specific target population must be identified; using a general category such as “People Who Use Drugs” (PWUD) is not sufficient for this deliverable.

- **Deliverable — Objective 3: Harm Reduction Goal for Strategy or Setting #3 (Optional)**

- By September 29, 2026, subrecipient will continue, enhance, or expand harm reduction strategy or setting implemented in Year 1 (IH25). Subrecipients are expected to: execute objectives and activities as defined in the IH26 Work Plan; measure progress and key performance indicators; provide regular status updates to ODH via technical assistance calls, grant meetings, and Quarterly Progress Reports; maintain records related to the operation of strategy or setting; identify risks and implement corrective action as needed; and communicate any changes to ODH in a timely manner.

- **For Subrecipients Not Funded for a Strategy or Setting under Objective 3 in Year 1 (IH25):**

If the subrecipient was not funded for a Strategy or Setting of Objective 3 in Year 1 (IH25), they may propose the implementation of a new harm reduction strategy from the list provided in Appendix F of the IH25 Solicitation. A specific target population must be identified; using a general category such as “People Who Use Drugs” (PWUD) is not sufficient for this deliverable.

- **Deliverable — Objective 4: Harm Reduction Goal for Strategy or Setting #4 (Optional)**

- By September 29, 2026, subrecipient will continue, enhance, or expand harm reduction strategy or setting implemented in Year 1 (IH25). Subrecipients are expected to: execute objectives and activities as defined in the IH26 Work Plan; measure progress and key performance indicators; provide regular status updates to ODH via technical assistance calls, grant meetings, and Quarterly Progress Reports; maintain records related to the operation of strategy or setting; identify risks and implement corrective action as needed; and communicate any changes to ODH in a timely manner.

- **For Subrecipients Not Funded for a Strategy or Setting under Objective 4 in Year 1 (IH25):**

If the subrecipient was not funded for a Strategy or Setting of Objective 4 in Year 1 (IH25), they may propose the implementation of a new harm reduction strategy from the list provided in Appendix F of the IH25 Solicitation. A specific target population must be identified; using a general category such as “People Who Use Drugs” (PWUD) is not sufficient for this deliverable.

- **Deliverable — Objective 5: Outreach**

- As of Sept. 2, 2025, subrecipient will continue to engage in outreach to meet people "where they are" and offer support, education, and tools that reduce harm, improve health, and build trust over time with an emphasis on health inequities and underserved populations.
- (Benchmark 1) By Jan. 5, 2026, subrecipient will submit quarterly outreach updates to ODH, which must include data on the populations reached, the type of outreach conducted, and any other relevant metrics determined by ODH.
- (Benchmark 2) By Apr. 5, 2026, subrecipient will submit quarterly outreach updates to ODH, which must include data on the populations reached, the type of outreach conducted, and any other relevant metrics determined by ODH.

- (Benchmark 3) By Jul. 5, 2026, subrecipient will submit quarterly outreach updates to ODH, which must include data on the populations reached, the type of outreach conducted, and any other relevant metrics determined by ODH.
- (Benchmark 4) By Oct. 5, 2026, the subrecipient will submit **final outreach report** to ODH, which must include brief narratives and data on activities conducted through Sep. 29, 2026.

- **Deliverable — Objective 6: Project DAWN Activity Assessment**

- By Dec. 5, 2026, subrecipient will complete and submit two Project DAWN Activity Instruments by utilizing Project DAWN Naloxone Intake Form and fentanyl test strip distribution data (if applicable).
- (Benchmark 1) By Apr. 5, 2026, will submit the first Activity Assessment for the period of Sep. 1, 2025 – Feb. 28, 2026.
- (Benchmark 2) By Oct. 5, 2026, will submit the first Activity Assessment for the period of Mar. 1, 2025 – Aug. 31, 2026.

- **Deliverable — Objective 7: Evaluation Plan**

- (Benchmark 1) By September 30, 2026, subrecipient, using ongoing collected data from evaluation plan will submit an Annual Evaluation Report briefly outlining progress towards completing final evaluation and report due in 2027. The report is to be no more than 5 pages and includes successes and challenges experienced during the grant year.

- **Deliverable — Objective 8: Annual Project Staffing & Role Transition Plan**

- By September 2, 2025, the subrecipient will submit an **updated Annual Project Staffing & Role Transition Plan** that contains a current description and contact information for the designated Project Coordinator. The document must include a list of staff members who are, or will be, involved in program operations, including anticipated number of weekly hours to be devoted to the project. This Role Transition section of the document must include duty hand-off and training plans in the event of staff turnover.

ODH Evidence of Health Disparity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities and Social Determinants of Health

Health disparities occur when groups experience more disease, death, or disability 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 forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The ability of everyone to have the same opportunity to achieve the best possible health is important to eradicate disparate outcomes. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing optimal health for all Ohioans.

ODH is committed to addressing health disparities and promoting optimal health for all Ohioans. The items below are requirements for all applicants' strategies to reduce health disparities are embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 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 Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 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. For guidance on methodology to establish disparity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- Identify measurable health disparities targets that demonstrate reducing disparities and improving the

health of target populations are critical goals to be achieved through program activities. This information must also be supported by data.

The following are best practices aimed at addressing health disparities and achieving healthy living. They are not required but highly encouraged to use.

- 1) Link proposed activities to reduce health disparities identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
- 2) Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.
- 3) Identify up- and downstream approaches to address health determinants and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing health determinants decrease barriers and improve supports that provide opportunities for people to achieve their full health potential. Downstream approaches focus on providing 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.