

## MEMORANDUM

Date: April 28, 2020

To: Subrecipient agencies

From: Jolene Defiore-Hyrmer, Bureau Chief *Jolene Defiore-Hyrmer*  
Bureau of Health and Improvement  
Ohio Department of Health

Subject: Older Adult Falls Injury Prevention (IF21)  
(October 1, 2020-September 30, 2021)

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., June 8, 2020. 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 (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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 Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, 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 <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/ic-19-injury-prevention-child-injury-prevention>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Tiffany Jamison via e-mail at [tiffany.jamison@odh.ohio.gov](mailto:tiffany.jamison@odh.ohio.gov)

## *Table of Contents*

<b>I. <u>CONTINUATION FUNDING APPLICATION GUIDANCE</u></b>	
A. Policy and Procedure .....	2
B. Number of Grants and Funds Available .....	2
C. Formatting Requirement for Attachments .....	3
D. Qualified Applicants .....	3
<b>II. <u>PROGRAM UPDATES</u></b>	
A. Program Progress Report .....	3
B. Program Narrative .....	3
C. Objectives and Work Plans .....	3
D. Documentation & Progress on Health Disparity/Inequity Activities.....	4
E. Program Budget.....	4
F. Other Application Requirements .....	5
G. Human Trafficking .....	6
H. Post Submission Requirements.....	7
<b>III. <u>APPENDICES</u></b>	
A. Continuation Solicitation Reimbursement Type Form	
B1. Deliverable Descriptions	
B2. Deliverable Allocations	
C. Annual Workplan Template	
D. Workplan Instructions	
E. Year 3 Required Strategies and Guidance	
F. Budget Narrative Example	
G. OIPP/OOAFPC Attendance Log	
H. Supplemental Funding Guidance	
I. Semi-Annual Verification Template	

## CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

**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.

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: October 1, 2020 – September 30, 2021 of the total project periods, January 1, 2019 – September 30, 2023. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- 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 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 agency policy in 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. *Number of Grants and Funds Available:*** [The federal Preventive Health and Health Service Block Grant (PHHSBG) supports this program. Up to five grants will be awarded with a maximum funding amount of \$100,000, dependent on population. Only those who were awarded this grant for 2018-2019 are eligible to apply. Supplemental funds are available with a maximum funding level of \$60,000. This supplemental fund is to administer the statewide Older Adult Falls Prevention Coalition. Only the agency that was awarded the supplemental funding in 2018-2019 is eligible to apply. If the PHHSBG is not funded in the federal fiscal year budget, ODH may be unable to fund the 2021 injury prevention subgrantees. \*

*\* Counties with a population less than 200,000 may apply for a maximum of \$90,000 (\$150,000 if applying for Supplemental Funding).*

*\* Counties with a population greater than 200,000 may apply for a maximum of \$100,000 (\$160,000 if applying for Supplemental Funding).*

*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.*

### **C. Formatting Requirements for Attachments**

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

### **D. Qualified Applicants**

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, (June 8, 2020)**.

## **II. PROGRAM UPDATES:**

- A. Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** Due to COVID-19, this is not required this year, per GSU.
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed XX 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. Due to COVID-19, this is not required this year, per GSU.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. See Appendix C for *Annual Workplan Template*, Attachment D for *Workplan Instructions*, and Attachment E for *Year 3 Required Strategies and Guidance*

**D. Documentation & Progress on Health Disparity/Inequity Activities:** Due to COVID-19, this update is not required for the FFY21 application. However, it is the expectation of this program that all subgrantees continue to address the high risk, vulnerable, and underserved populations in your region related to older adult falls prevention. This should include immigrant older adults, those with access and functional needs, low income families, minorities, etc. The **Place Matters Documentation Spreadsheet** will be required for the next grant application and will be based on year 4 progress and activities.

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. Please utilize Appendices B1 and B2 when completing the budget narrative.

For your convenience, a budget justification narrative example is available in Appendix F. Please use scenario 3.

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).

- 2. 2021 Budget via GMIS:** Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2020 to September 30, 2021.

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

- 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.

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

- To advance political or religious points of view or for fund raising or lobbying;
- To disseminate factually incorrect or deceitful information;
- Consulting fees for salaried program personnel to perform activities related to grant objectives;
- Bad debts of any kind;
- Contributions to a contingency fund;
- Entertainment;
- Fines and penalties;
- 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;
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 or refreshments

**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.**

#### **F. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments in GMIS.

- **Letter of Support to travel outside of county for Ohio Injury Prevention Partnership meetings-** named "*Insert agency name\_Travel Letter\_2021*"

***If applying for the supplemental funding, you must also submit the following:***

- **Supplemental Project Work Plan**-there is a separate tab on Appendix E for this funding.

##### **a. 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](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.

- **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 automatically with each application via the Internet.
- **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.
- **Federal Funding Accountability and Transparency Act (FFATA):** All 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 obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to [www.dnb.com](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://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 in order to submit the application.)**

- **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 current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

#### **G. Human Trafficking:**

The 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
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to (Older Adult Falls Prevention)

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

***Note: Failure to assure quality of reporting such as 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 GMIS by the following dates. 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.

☒ Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>October 1-December 31, 2020</i>	<i>December 31, 2020</i>
<i>January 1-March 31, 2021</i>	<i>March 31, 2021</i>
<i>April 1-June 30, 2021</i>	<i>June 30, 2021</i>
<i>July 1-September 30, 2021</i>	<i>September 30, 2021</i>

- b. **Subrecipient Expenditure Reports: Subrecipient Monthly Expenditure Reports must be completed and submitted via GMIS by the following dates:**

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>



September 1 – 30, 2021	October 10, 2021
------------------------	------------------

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1-December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>

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

- c. **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 November 5, 2021. 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. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

- d. Additional Meetings/Activities Required:

1. **Ohio Injury Prevention Partnership Quarterly 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 (CDC). The OIPP advises and assists ODH Violence and Injury Prevention Program with establishing priorities and future directions regarding injury and violence prevention initiatives in Ohio. The group convenes quarterly all-day meetings to strengthen and sustain effective injury and violence prevention programs at the state and local level. Costs associated with attending a minimum of these meetings are an allowable expense for this grant proposal and should be included in the budget. Attendance and active participation in all OIPP meetings are a requirement of funded projects.*

## **2. Ohio Older Adult Falls Prevention Attendance and Sub Committee**

**Involvement:** *Applicants are required to be involved in statewide efforts for older adult falls 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 older adult falls injury prevention and should subsequently be willing to share their experiences and knowledge.*

**3. Facilitate Grantee Conference Call:** *Each funded applicant will be required to coordinate and facilitate an annual conference call with the other funded projects. ODH will assist each grantee with this task, but it is the expectation that the funded applicant takes the lead and completes the required agenda and meeting minutes.*

**4. 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 applicant must utilize a funding statement provided by ODH on all printed materials.*

**5. 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, when requested.*

## **APPENDICES**

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable – Objective Descriptions (if applicable)  
B2 Deliverable – Objective Allocations (if applicable)
- C. Annual Workplan Template
- D. Workplan Instructions
- E. Year 3 Required Strategies and Guidance
- F. Budget Narrative Example
- G. OIPP/OOAFPC Attendance Log
- H. Supplemental Funding Guidance
- I. Semi-annual Verification Template

**CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM**

**Submission  
Required**

Ohio Department of Health  
Violence and Injury Prevention Section  
Bureau of Health Improvement and Wellness

See due date below

*ODH Program Title:*  
[Older Adult Falls Prevention IF21 ]

**Reimbursement Type (check one)** Monthly ☐ **OR** Quarterly ☐  
(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

**Current Project Number** \_\_\_\_\_

**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 a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.*

Due to ODH by May 12, 2020 |

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

**Name of Subgrant Program: Injury Prevention, Falls Among Older Adults****Budget Period: 10/1/2020 – 9/30/2021****# of Deliverables: 26****Use Budget Justification Scenario#: 3****100% Deliverables****Deliverable 1–Local Coalition**

**Description:** Subrecipients must maintain and enhance their local coalition and are required to hold local coalition meetings at least quarterly. Coalition meeting minutes must demonstrate alignment with grant related activities and state plan. Additionally, subrecipients are required to select one of the following activities to complete in conjunction with their coalition members: *#1. develop strategic plan, or #2. continued implementation of strategic plan.*

By September 30, 2021, subrecipient will maintain and enhance their local community coalition.

**Objective 1A:** Subrecipient will submit coalition meeting agendas, meeting minutes, and sign in sheets, due quarterly Dec 31, March 31, June 30, and Sept. 30, 2021 to ODH Program Consultant 4%

**Objective 1B:** Subrecipient will submit documentation of one of the following depending on activity selected: draft strategic plan; or evidence of implementation plan being activated in community due March 31, 2021; Final of selected required activity due September 30, 2021 to ODH Program Consultant 4%

**Deliverable 2 – Statewide Coalition: Ohio Older Adult Falls Prevention Coalition (OOAFPC)**

**Description:** Subrecipients are required to support the statewide **Ohio Older Adult Falls Prevention Coalition** by actively participating in meetings (in-person and conference calls), serving as chair/co-chair of a subcommittee, and aligning subcommittee plans with state efforts.

By September 30, 2021, subrecipient will actively support and participate in the OOAFPC Coalition.

**Objective 2A:** Subrecipient will submit meeting agendas, minutes, and sign in sheets as evidence of facilitation of a subcommittee for the Ohio Older Adult Falls Prevention Coalition, due quarterly Dec 31, March 31, June 30, and Sept. 30, 2021 to ODH Program Consultant 4%

**Objective 2B:** Subrecipient will actively participate in all Ohio Injury Prevention Partnership and Ohio Older Adult Falls Prevention Coalition in-person meetings as evidenced by submitting Appendix G by September 30, 2021. 4%

**Deliverable 3 – Data and Evaluation**

**Description:** Subrecipients are required to monitor and track outcomes based on the evaluation and performance improvement plan completed in year 1. By September 30, 2021, subrecipient will monitor data and outcomes to inform the focus area outcome and improving prevention interventions, as well as regularly update workplans.

**Objective 3A:** Subrecipient will submit tracking framework developed in year 1 with updated data and summary of monitoring and analysis, due quarterly Dec 31, March 31, June 30, and Sept. 30, 2021 to ODH Program Consultant 4%

**Objective 3B:** Subrecipient will submit updated workplan due quarterly Dec 31, March 31, June 30, and September 30, 2021 to ODH Program Consultant. 4%

**Objective 3C:** Subrecipient will review year 1 Evaluation and Performance Improvement Plan with identified partners in plan and submit updated plan and documentation demonstrating plan was reviewed and updated due September 30, 2021. 1%

#### **Deliverable 4–Policy, Systems and Environmental Change (PSEC) 1**

**Description:** Subrecipients are required to implement or expand an ongoing PSEC strategy related to implementation of STEADI as outlined in the guidance in Appendix E. By September 30, 2021, subrecipient will implement a STEADI Falls Risk Assessment policy, systems, or environmental change.

**Objective 4A:** For time-period October 1, 2020-March 31, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #1 to ODH Program Consultant by March 31, 2021. \_\_8%

**Objective 4B:** For time-period April 1, 2021- September 30, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #1 to ODH Program Consultant by September 30, 2021. \_\_8%

#### **Deliverable 5: Policy, Systems and Environmental Change (PSEC) 2**

**Description:** Subrecipients are required to implement a PSEC strategy related to implementation of Home Assessment and Modification as outlined in the guidance in Appendix E. By September 30, 2021, subrecipient will implement a Home Assessment and Modification policy, systems, or environmental change.

**Objective 5A:** For time-period October 1, 2020 - March 31, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #2 to ODH Program Consultant by March 31, 2021. \_\_8%

**Objective 5B:** For time-period April 1, 2021 - September 30, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #2 to ODH Program Consultant by September 30, 2021. \_\_8%

#### **Deliverable 6: Policy, Systems and Environmental Change (PSEC) 3**

**Description:** Subrecipients are required to implement a PSEC strategy related to increasing Access to Balance and Mobility Trainings as outlined in the guidance in Appendix E and submit the appropriate forms provided by ODH. By September 30, 2021, subrecipient will increase Access to Balance and Mobility Training through a policy, systems, or environmental change.

**Objective 6A:** For time-period October 1, 2020 - March 31, 2021, subrecipient will submit any new key partner agreements, appropriate forms and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #3 to ODH Program Consultant by March 31, 2021. \_\_8%

**Objective 6B:** For time-period April 1, 2021 - September 30, 2021, subrecipient will submit any new key partner agreements, appropriate forms, and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #3 to ODH Program Consultant by September 30, 2021. \_\_8%

#### **Deliverable 7: Policy, Systems and Environmental Change (PSEC) 4**

**Description:** Subrecipients are required to identify and implement a fourth, community specific PSEC strategy as outlined in the guidance in Appendix E. By September 30, 2021, subrecipient will identify and implement a community-specific policy, systems, or environmental change.

**Objective 7A:** For time-period October 1, 2020 - March 31, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #4 to ODH Program Consultant by March 31, 2021. \_\_8%

**Objective 7B:** For time-period April 1, 2021 - September 30, 2021, subrecipient will submit any new

key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC #4 to ODH Program Consultant by September 30, 2021. \_\_8%

#### **Deliverable 8: PSEC Supportive – OPTIONAL**

**Description:** Subrecipients are required to identify and implement a minimum of two community based PSEC supportive strategies as outlined in the guidance in Appendix E. By September 30, 2021, subrecipient will identify and implement a community-specific policy, systems, or environmental change.

**Objective 8A:** For time-period October 1, 2020 - March 31, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC Supportive #1 to ODH Program Consultant by March 31, 2021. \_\_2%

**Objective 8B:** For time-period April 1, 2021 - September 30, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC Supportive #1 to ODH Program Consultant by September 30, 2021. \_\_2%

**Objective 8C:** For time-period October 1, 2020 - March 31, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC Supportive #2 to ODH Program Consultant by March 31, 2021. \_\_2%

**Objective 8D:** For time-period April 1, 2021 - September 30, 2021, subrecipient will submit any new key partner agreements and evidence of implementation of strategy along with policies, procedures and standards developed, for selected PSEC Supportive #2 to ODH Program Consultant by September 30, 2021. \_\_2%

#### **Deliverable 9: National Falls Prevention Awareness Week**

**Description:** By September 30, 2021 subrecipient will support and promote National Falls Prevention Awareness Week in their community.

**Objective 10A:** By August 15, 2021 the subrecipient will submit to ODH in a Word document to their ODH Program Consultant via GMIS their schedule for the 2020 National Falls Awareness Week of September 22-28, 2021. \_\_1%

**Objective 10B:** By September 30, 2021, the subrecipient will provide a summary in a Word document and other documentation to demonstrate how agency engaged in a mobilization/campaign for National Falls Awareness Week to ODH Program Consultant via REDCap. Summary should include name of event, location, date and time, number of attendees, and any other relevant information. Documentation should include flyer to advertise event or social media post, pictures of events, etc. \_\_2%

#### **Deliverable 10: Semi-Annual Employment Verification**

**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 Older Adult Falls Prevention grant, as required in the competitive grant solicitation. Agency must submit Appendix I, March 31, 2021 and September 30, 2021 to ODH Program Consultant via REDCap. This deliverable is in-kind. \_\_\_\_0%

## Ohio Older Adult Falls Prevention Coalition SUPPLEMENTAL DELIVERABLES

### MEMBERSHIP

**Description:** Between October 1, 2020 and September 30, 2021, the subgrantee awarded the Supplemental Funding will increase membership into the statewide Ohio Older Adult Falls Prevention Coalition and its subgroups by doing the following:

- **Deliverable-Objective 11:** By October 31, 2020 subgrantee will update orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes in a hard-copy or e-copy and submit to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 12:** By October 31, 2020 subgrantee will submit a schedule with Ohio Older Adult Falls Prevention Coalition Leadership names for New Member Orientation at OIPP Meeting to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 13:** By September 30, 2021, subgrantee will submit documentation of recruitment attempts for Ohio Older Adult Falls Prevention Coalition based on results of coalition assessment and/or recommendations, (this can include emails, mailing, etc.) and successes and documentation of recruitment plan review with coalition members, to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 14:** By September 30, 2021 subgrantee will submit multiple examples of providing support to subcommittee chairs, responding to information from members, and evaluating progress, to the ODH Program Consultant. \_\_\_\_3%

### COMMITTEES

**Description:** Between October 1, 2020 and September 30, 2021, the subgrantee awarded the Supplemental Funding will coordinate and ensure that the Ohio Older Adult Falls Prevention Coalition committee and its subcommittees have quarterly scheduled meetings, include chairs/co-chairs, conduct scheduled meetings, and submit required written reports.

- **Deliverable-Objective 15:** By October 31, 2020, subgrantee will develop and submit an annual list of subcommittee meeting/conference calls dates and times to ODH Program Consultant. \_\_\_\_4%
- **Deliverable -Objective 16:** December 31, 2020 subgrantee will provide ODH Program Consultant with the following (October 1 - December 31, 2020): non-in-person subcommittee agendas, attendance and minutes and any other pertinent information related to any meeting(s) during this time. \_\_\_\_4%
- **Deliverable-Objective 17:** By March 31, 2021 subgrantee will provide their ODH Program Consultant with the following (January 1- March 31, 2021 timeframe): non in-person subcommittee minutes, attendance/sign-in sheets, and any other pertinent information related to any meeting(s) during this time; the Ohio Older Adult Falls Prevention Coalition quarterly meeting agenda, minutes, sign-in sheets and any in-person reports from each subcommittee at the Ohio Older Adult Falls Prevention Coalition meeting. \_\_\_\_4%

- **Deliverable-Objective 18:** By June 30, 2021 subgrantee will provide ODH Program Consultant with the following (April 1- June 30, 2021 timeframe): non in-person subcommittee minutes, attendance/sign-in sheets, and any other pertinent information related to any meeting(s) during this time; the Ohio Older Adult Falls Prevention Coalition quarterly meeting agenda, minutes, sign-in sheets and any in-person reports from each subcommittee at the Ohio Older Adult Falls Prevention Coalition meeting. \_\_\_\_4%
- **Deliverable-Objective 19:** By September 30, 2021 subgrantee will provide ODH Program Consultant with the following (July 1 – September 30, 2021 timeframe): non in-person subcommittee minutes, attendance/sign-in sheets, and any other pertinent information related to any meeting(s) during this time; the Ohio Older Adult Falls Prevention Coalition quarterly meeting agenda, minutes, sign-in sheets and any in-person reports from each subcommittee at the Ohio Older Adult Falls Prevention Coalition meeting. \_\_\_\_4%

### **ADMINISTRATIVE**

---

**Description:** Between October 1, 2020 and September 30, 2021, the subgrantee awarded the Supplemental Funding will administer the Ohio Older Adult Falls Prevention Coalition and its subcommittees composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to older adult falls prevention by completing the following:

- **Deliverable-Objective 20:** By Dec. 31, 2020 subgrantee will submit website and newsletter updates related to the Ohio Older Adult Falls Prevention Coalition to OIPP contact via email, and to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 21:** By March 31, 2021 subgrantee will submit website and newsletter updates related to the Ohio Older Adult Falls Prevention Coalition to OIPP contact via email, and to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 22:** By June 30, 2021 subgrantee will submit website and newsletter updates related to the Ohio Older Adult Falls Prevention Coalition to OIPP contact via email, and to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 23:** By September 30, 2021 subgrantee will submit website and newsletter updates related to the Ohio Older Adult Falls Prevention Coalition to OIPP contact via email, and to ODH Program Consultant. \_\_\_\_3%
- **Deliverable-Objective 24:** By June 30, 2021 subgrantee will review and update the OOAFPC coalition strategic plan with recommendations and updates from each Ohio Older Adult Falls Prevention Coalition respective subcommittee to ODH Program Consultant. \_\_\_\_6%
- **Deliverable-Objective 25:** By September 30, 2021, subgrantee will administer pilot projects and the contract process and submit to ODH Program Consultant all applicable documentation and summary (Summary of all applications, scores, funding decisions, and regular updates throughout the year). \_\_\_\_35%
- **Deliverable-Objective 26:** By September 30, 2021 subgrantee will plan and coordinate one in-state training activity in the focus area, as deemed necessary by ODH, that engages key partners and members



in implementing the state plan or some portion of the state plan, and submit the flyer advertising the training, planning meeting minutes, agenda, and sign-in sheet to ODH Program Consultant.

**Appendix B2**

Name of Subgrant Program: (IF) Older Adult Falls  
Prevention

Budget Period: 10/1/2020 - 9/30/2021

# of Deliverables: 26

Use Budget Justification Scenario #: 3

Form# OFA-011

☐ Base Only

☐ Base and  
Deliverables

☒ Deliverables Only

	% of Award	Union County Health Department	Holmes County Health Department	Washington County Health Department	Toledo ProMedica Hospital	Erie County Health Department	Total
Deliverable - Objective 1A Local Community Coalition	4%	\$3,600	\$3,600	\$4,000	\$4,000	\$3,600	\$18,800
Deliverable - Objective 1B Local Community Coalition	4%	\$3,600	\$3,600	\$4,000	\$4,000	\$3,600	\$18,800
Deliverable - Objective 2A State Coalition Involvement	4%	\$3,600	\$3,600	\$4,000	\$4,000	\$3,600	\$18,800
Deliverable - Objective 2B - State Coalition Involvement	4%	\$3,600	\$3,600	\$4,000	\$4,000	\$3,600	\$18,800

<b>Deliverable - Objective 3A Data and Evaluation</b>	<b>4%</b>	\$3,600	\$3,600	\$4,000	\$4,000	\$3,600	\$18,800
<b>Deliverable - Objective 3B Data and Evaluation</b>	<b>4%</b>	\$3,600	\$3,600	\$4,000	\$4,000	\$3,600	\$18,800
<b>Deliverable - Objective 3C Data and Evaluation</b>	<b>1%</b>	\$900	\$900	\$1,000	\$1,000	\$900	\$4,700
<b>Deliverable - Objective 4A - PSEC 1</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 4B - PSEC 1</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 5A - PSEC 2</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 5B - PSEC 2</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 6A - PSEC 3</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 6B - PSEC 3</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600

<b>Deliverable - Objective 7A - PSEC 4</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 7B - PSEC 4</b>	<b>8%</b>	\$7,200	\$7,200	\$8,000	\$8,000	\$7,200	\$37,600
<b>Deliverable - Objective 8A - PSEC Optional</b>	<b>2%</b>	\$1,800	\$1,800	\$2,000	\$2,000	\$1,800	\$9,400
<b>Deliverable - Objective 8B - PSEC Optional</b>	<b>2%</b>	\$1,800	\$1,800	\$2,000	\$2,000	\$1,800	\$9,400
<b>Deliverable - Objective 8C - PSEC Optional</b>	<b>2%</b>	\$1,800	\$1,800	\$2,000	\$2,000	\$1,800	\$9,400
<b>Deliverable - Objective 8D - PSEC Optional</b>	<b>2%</b>	\$1,800	\$1,800	\$2,000	\$2,000	\$1,800	\$9,400
<b>Deliverable - Objective 9A - National Awareness</b>	<b>1%</b>	\$900	\$900	\$1,000	\$1,000	\$900	\$4,700
<b>Deliverable - Objective 9B - National Awareness</b>	<b>2%</b>	\$1,800	\$1,800	\$2,000	\$2,000	\$1,800	\$9,400

<b>Deliverable Objective 10-Semi- Annual Verification</b>	<b>0%</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>100%</b>	<b>\$90,000</b>	<b>\$90,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$90,000</b>	<b>\$470,000</b>
		<b>\$90,000</b>	<b>\$90,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$90,000</b>	<b>\$470,000</b>
<b>SUPPLEMENTAL OOAFPC Deliverables</b>							
<b>Deliverable 11 Membership</b>	<b>2%</b>	\$1,200.00					
<b>Deliverable 12: Membership</b>	<b>2%</b>	\$1,200.00					
<b>Deliverable 13: Membership</b>	<b>5%</b>	\$3,000.00					
<b>Deliverable 14: Membership</b>	<b>3%</b>	\$1,800.00					
<b>Deliverable 15: Committees</b>	<b>4%</b>	\$2,400.00					
<b>Deliverable 16: Committees</b>	<b>4%</b>	\$2,400.00					
<b>Deliverable 17: Committees</b>	<b>4%</b>	\$2,400.00					
<b>Deliverable 18: Committees</b>	<b>4%</b>	\$2,400.00					
<b>Deliverable 19: Committees</b>	<b>4%</b>	\$2,400.00					
<b>Deliverable 20: Administrative</b>	<b>3%</b>	\$1,800.00					
<b>Deliverable 21: Administrative</b>	<b>3%</b>	\$1,800.00					

<b>Deliverable 22: Administrative</b>	<b>3%</b>	<b>\$1,800.00</b>					
<b>Deliverable 23: Administrative</b>	<b>3%</b>	<b>\$1,800.00</b>					
<b>Deliverable 24: Administrative</b>	<b>6%</b>	<b>\$3,600.00</b>					
<b>Deliverable 25: Administrative</b>	<b>35%</b>	<b>\$21,000.00</b>					
<b>Deliverable 26: Administrative</b>	<b>15%</b>	<b>\$9,000.00</b>					
<b>Supplemental Funding Total</b>		<b>\$60,000.00</b>					
<b>Total for all grant:</b>		<b>\$150,000</b>	<b>\$90,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$90,000</b>	<b>\$530,000.00</b>

**2021 Injury Prevention Program-Older Adult Falls  
ANNUAL WORK PLAN 2020-2021**

<b>County/Counties:</b>		<b>Agency:</b>	
<b>Grant#:</b>		<b>Contact Name:</b>	
<b>Project Title:</b>			

**SECTION I - ANNUAL WORK PLAN (2020 - 2021)**

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 each quarter, as defined in Appendix B1. Please use Appendix D for specific workplan completion instructions.

**Local Coalition (Deliverable 1)**

<b>Long Term Objective:</b>					
<b>Program Impact Objective:</b>					
<b>Impact Evaluation Indicator:</b>					

Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
	Start	End			

**State Coalition (Deliverable 2)**

<b>Long Term Objective:</b>					
<b>Program Impact Objective:</b>					
<b>Impact Evaluation Indicator:</b>					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
	Start	End			
<b>Data and Evaluation (Deliverable 3)</b>					
<b>Long Term Objective:</b>					
<b>Program Impact Objective:</b>					
<b>Impact Evaluation Indicator:</b>					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
	Start	End			
<b>PSEC Strategy #1 Implementation of STEADI (Deliverable 4)</b>					
<b>Long Term Objective:</b>					
<b>Program Impact Objective:</b>					



Impact Evaluation Indicator:				
Identify if this is a policy, system, or environmental change:				
Partner Agreements: <i>please list existing partner agreements already in place for deliverables related to Coalitions</i>				
Please list new partners for coalitions established this quarter:				
Status of Workplan:	Please select		Please Explain:	
Process Objective (Write actual objective or paraphrase)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)
	Start	End		
<b>PSEC Strategy #2 Home Assessment and Modification (Deliverable 5)</b>				
Long Term Objective:				
Program Impact Objective:				
Impact Evaluation Indicator:				
Identify if this is a policy, system, or environmental change:				

<b>Partner Agreements: <i>please list existing partner agreements already in place for deliverables related to Coalitions</i></b>				
<b>Please list new partners for coalitions established this quarter:</b>				
<b>Status of Workplan:</b>	<b>Please select</b>		<b>Please Explain:</b>	
<b>Process Objective</b> (Write actual objective or paraphrase)	<b>Timeline (Month/Year)</b>		<b>Progress</b> Select from Drop-Down Menu	<b>Activities or Steps Proposed</b> (Describe the significant activities/steps proposed for each process objective)
	<b>Start</b>	<b>End</b>		
<b>PSEC Strategy #3 Access to Balance and Mobility Trainings (Deliverable 6)</b>				
<b>Long Term Objective:</b>				
<b>Program Impact Objective:</b>				
<b>Impact Evaluation Indicator:</b>				
<b>Identify if this is a policy, system, or environmental change:</b>				

<b>Partner Agreements:</b> <i>please list existing partner agreements already in place for deliverables related to Coalitions</i>				
<b>Please list new partners for coalitions established this quarter:</b>				
<b>Status of Workplan:</b>	<b>Please select</b>		<b>Please Explain:</b>	
<b>Process Objective</b> (Write actual objective or paraphrase)	<b>Timeline (Month/Year)</b>		<b>Progress</b> Select from Drop-Down Menu	<b>Activities or Steps Proposed</b> (Describe the significant activities/steps proposed for each process objective)
	<b>Start</b>	<b>End</b>		
<b>PSEC Strategy #4 Community-specific (Deliverable 7)</b>				
<b>Long Term Objective:</b>				
<b>Program Impact Objective:</b>				
<b>Impact Evaluation Indicator:</b>				
<b>Identify if this is a policy, system, or environmental change:</b>				

Partner Agreements: <i>please list existing partner agreements already in place for deliverables related to Coalitions</i>				
Please list new partners for coalitions established this quarter:				
Status of Workplan:	Please select		Please Explain:	
Process Objective (Write actual objective or paraphrase)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)
	Start	End		
<b>PSEC Supportive Strategy #1 (Deliverable 8A &amp; 8B)</b>				
Long Term Objective:				
Program Impact Objective:				
Impact Evaluation Indicator:				
Partner Agreements: <i>please list existing partner agreements already in place for deliverables related to Coalitions</i>				

Please list new partners for coalitions established this quarter:			
Status of Workplan:	Please select		Please Explain:
Process Objective (Write actual objective or paraphrase)	Timeline (Month/Year)		Progress Select from Drop-Down Menu
	Start	End	
			Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)
<b>PSEC Supportive Strategy #2 (Deliverable 8C &amp; 8D)</b>			
Long Term Objective:			
Program Impact Objective:			
Impact Evaluation Indicator:			
Partner Agreements: <i>please list existing partner agreements already in place for deliverables related to Coalitions</i>			
Please list new partners for coalitions established this quarter:			
Status of Workplan:	Please select		Please Explain:
Process Objective (Write actual objective or	Timeline (Month/Year)	Progress Select from Drop-	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)

paraphrase)	Start	End	Down Menu			
<b>National Falls Prevention Awareness Week (Deliverable 10)</b>						
Process Objective (Write actual objective or paraphrase)	Timeline (Month/Year)		Progress Select from Drop- Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)		
	Start	End				
<i>Copy cell and insert copied cells for additional objectives</i>						

**2021 Injury Prevention Program-Older Adult Falls  
SUPPLEMENTAL ANNUAL WORK PLAN 2020-2021**

<b>County/Counties:</b>		<b>Agency:</b>	
<b>Grant#:</b>		<b>Contact Name:</b>	
<b>Project Title:</b>			

**SECTION I - ANNUAL WORK PLAN (2020 - 2021)**

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 each quarter, as defined in Appendix B1.**

**Membership**

<b>Long Term Objective:</b>	
<b>Program Impact Objective:</b>	<b>Insert Membership Objective</b>
<b>Impact Evaluation Indicator:</b>	

Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			

Committees					
Long Term Objective:					
Program Impact Objective:		Insert Committees Objective			
Impact Evaluation Indicator:					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			
Administrative					
Long Term Objective:					
Program Impact Objective:		Insert Administrative Objective			
Impact Evaluation Indicator:					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			
<i>Copy cell and insert copied cells for additional objectives</i>					



## WORK PLAN INSTRUCTIONS

### Instructions for Completing Year 3 Work Plan

Use these instructions to complete the Annual Work Plan Template available below. Each agency will receive an Excel document that can be updated to include their specific proposed activities. The annual work plan should mirror the narrative but include specific implementation steps and other detailed information.

Complete the annual work plan (Appendix C) for each of the following:

1. **Partnerships, Coalition Building, and Coalition Evaluation**
  - a) Local Community Coalition
  - b) Engagement with the Ohio Older Adult Falls Prevention Coalition
2. **Data and Evaluation**
  - a) Update data tracking to framework to include indicators outlined according to focus area in guidance (Appendix XX) and submit quarterly
  - b) Update workplan quarterly
  - c) Implement, review and update Evaluation & Performance Improvement Plan to inform program interventions
3. **Policy, Systems, and Environmental Change (PSEC) Strategies**
4. **PSEC Supportive Strategies**– OPTIONAL but must select a minimum of 2 if chosen by agency
5. **National Falls Awareness Week**

For the purposes of this application, please provide a detailed 12-month work plan for project year 3 which covers **10/1/2020 – 9/30/2021**. Applicants must include required activities for each focus area in the population-based areas. Review **Appendix E** for additional guidance on required activities.

1. **Long Term Outcome Objective:** Complete at least one (1) long term outcome objective that should remain consistent for each category (Partnerships, Coalition Building and Evaluation; Data and Evaluation, PSEC Strategies). A suggested long-term outcome objective is: **By September 30, 2023, XYZ Organization and XYZ Community Coalition will reduce older adult falls injury fatalities by xx% in XYZ County.**
2. **Program Impact Objectives**
  - Required program impact objectives are listed in **Appendix E- Year 3 Required Strategies and Guidance.**
  - Customize each program impact objective to reflect county-specific activities.
  - Complete the appropriate Annual Work Plan section for each program impact objective.
  - The required program impact objectives are also included in the work plan template.
  - Program impact objectives should have an annual timeframe and build logically toward the long-term outcome objective.

3. **Impact Evaluation Indicator:** Briefly state the impact evaluation indicator as defined in the objective. What will tell you whether you have achieved your program impact objective? What changes will have occurred (i.e., policy adopted, systems change is in place, new resources/facilities available in the community, practices adopted, personnel hired, or referrals increased)?
4. **Policy, System or Environmental Change**-please if your activity will address policy, system, environmental change or a combination.
5. **Partner Agreements:**
  - A. Please list all the partner agreements already in place
  - B. New Partner Agreements this quarter-you will leave blank for the application and update each quarter when you submit your quarterly report.
6. **Status of Workplan:** Please select an option from the following options: Support full-scale implementation of activity with year 2 partners, Expansion of additional settings with year 2 partners, New strategy or new partner from year 2, Revised strategy due to external factors, or Hybrid and provide an update on the status of each PSEC.
7. **Required Strategies (process objectives):** The required strategies are outlined in Appendix E While there are straightforward required strategies for Partnerships, Coalition Building and Coalition Building (i.e. maintain coalition) and Data and Evaluation focus areas, the PSEC activities aren't as well defined.
8. **Timeline – Start and end date:** Assign a timeline including start and end dates 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
10. **Activities or Steps Proposed:** For each Required Strategy write the required Activities that explain what you are going to do and when you are going to do it. Activities should logically connect and follow from objectives and should align with implementation plans. ODH understands this is a tentative plan and might change as the grant year progresses, which is why it will be updated quarterly moving forward.

**Complete the Annual Workplan template (Appendix C) for each area, save all objectives in one file and name “agency name\_Workplan\_2021”. Please attach the Excel file in GMIS 2.0.**

## Year 3 Required Strategies & Updated Guidance

### Older Adult Falls Injury Prevention (IF 2020-2021)

Required Strategies for Year 3:

- b. Partnerships, Coalition Building and Coalition Evaluation**
  - Local Community Coalition
  - Engagement with state coalition: Ohio Older Adult Falls Prevention Coalition
- c. Data and Evaluation**
  - Implement Written Protocol
  - Monitor Utilizing Tracking Framework
  - Update workplan
- d. Policy, Systems and Environmental Changes (PSEC)**
  - REQUIRED PSEC #1 – STEADI Falls Risk Assessments
  - REQUIRED PSEC #2 – Environmental-Home Assessment and Modification Strategies
  - REQUIRED PSEC #3 – Strategies to Increase Access to Balance and Mobility Trainings
  - REQUIRED PSEC #4 – Subrecipient Community Choice
  - OPTIONAL – PSEC supportive strategies (minimum 2)
- e. National Falls Awareness Week**

Required activities for each have been updated to streamline deliverables and provide flexibility to implement appropriate strategies in Year 3, based on Year 2 progress. The following guidance for each section should be considered when identifying and proposing strategies for Year 3.

#### **Partnerships, Coalition Building and Coalition Evaluation**

Local coalition quarterly meetings are a requirement for Year 3. Additionally, applicants should consider the current status and anticipated progress still be made in Year 2 when identifying the coalition activity for Year 3.

**Local Community Coalition** – Potential strategies for Year 3 include the following: Development of Strategic Plan and/or Strategic Plan Implementation. These components are progressive in nature. Applicants should identify logical next steps for their local coalitions, based on Year 3 proposed activities, progress made to date, and anticipated results from Year 2.

**Engagement with the Ohio Older Adult Falls Prevention Coalition** – Required activities remain the same for this component and include active participation in the statewide older adult fall prevention program. An OIPP/ OOFPC Attendance Log has been added (see Appendix G).

<b>Required Long-term Objective – Partnerships, Coalition Building and Coalition Evaluation: By September 30, 2023, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.</b>		
<b>Focus Areas</b>	<b>Required Strategies</b>	<b>Pick List of Activities –</b>
<b>Coalitions-local and state</b>	<b>(Deliverable 1)</b> <b>Develop, Maintain, and Enhance a Local Community Coalition – <u>select two strategies based on year 2 progress</u></b>	<b>REQUIRED –</b> Facilitate quarterly community meetings comprised of partners with an interest in reducing fatalities associated with child injury. Community coalition meetings must demonstrate alignment with grant related activities and state plan.
		In conjunction with a formal coalition, develop a community strategic plan related to injury topic
		Implement local community strategic plan strategies
	<b>(Deliverable 2)</b>  <b>Engagement with Statewide Coalition &amp; Implementation of State Plans –<u>all required</u></b>	Serve as chair or co-chair of subcommittee to work on related goals or goals of interest within the Older Adult Falls Coalition Strategic Plan
		Actively participate in the Older Adult Falls Coalition as evidenced by regular attendance at meetings and conference calls and input offered on the selected topic
		Attend all in-person Ohio Injury Prevention Partnership Meetings

### Data and Evaluation

Year 3 required strategies include implementing the evaluation and performance improvement plans developed in year 1. The two components that will continue include implementation of the written protocol to monitor and track data, along with utilization of Tracking and Measurement Framework.

<b>Required Long-term Objective – Data and Evaluation: By September 30, 2023, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.</b>		
<b>Focus Areas</b>	<b>Required Strategies</b>	<b>Pick List of Activities –</b>
<b>(Deliverable 3)</b>  <b>Data and Evaluation:</b>	<b>Activity A: Data Tracking Framework</b>	Operationalize the evaluation and performance improvement plan by utilizing the tracking framework or system and reporting measures developed in year 1
	<b>Activity B: Workplan Update</b>	Update workplan quarterly to reflect progress and plans for implementation
	<b>Activity C: Implement Evaluation &amp; Performance</b>	Following the written protocol developed in year 1, monitor outcomes to inform

	<b>Improvement Plan to Inform Program Interventions</b>	performance improvement. Update review EPIP from year 1 and update based on feedback from identified partners.
--	---	--

<b>TRACKING FRAMEWORK METRICS</b>	
Please note: According to your focus area and activities selected, a <u>minimum</u> of the following metrics should be included in your tracking framework submitted quarterly (See Activity A above. This refers to Deliverable 3A). Please update your framework tracking accordingly. You may add additional metrics.	
<b>STEADI</b>	# of new agencies using STEADI framework # healthcare practices educated on STEADI # older adults screened using STEADI # of referrals resulting from STEADI screenings completed
<b>Home Assessment and Modification</b>	# of older adults who received home assessment # of agencies doing home modifications # of people who received home modifications # of total modifications
<b>Tai Chi for Arthritis</b>	# of Tai Chi for Arthritis sessions held # of Tai Chi for Arthritis participants # of new Tai Chi for Arthritis facilitators trained # of new Tai Chi for Arthritis settings for classes established
<b>Matter of Balance</b>	# of Matter of Balance classes held # of Matter of Balance participants # of new Matter of Balance facilitators trained # of new Matter of Balance settings for classes established
<b>Stepping On</b>	# of Stepping On classes/workshops held # of Stepping On participants # of new Stepping On facilitators trained # of new Stepping On settings for classes established
<b>Tai Ji Quan: Moving for Better Balance (formerly known as Tai Chi: Moving for Better Balance).</b>	# of Tai Ji Quan: Moving for Better Balance classes/workshops held # of Tai Ji Quan: Moving for Better Balance participants # of new Tai Ji Quan: Moving for Better Balance facilitators trained # of new Tai Ji Quan: Moving for Better Balance settings for classes established
<b>Walk With Ease</b>	# of Walk with Ease classes/workshops held # of Walk with Ease participants # of new Walk with Ease facilitators trained # of new Walk with Ease settings for classes established.
<b>Medication Reviews</b>	# of pharmacies doing medication reviews # older adults receiving medication reviews # of pharmacy students trained in falls prevention
<b>Age Friendly Communities</b>	# of policies, procedures, and practices adopted to become an Age-Friendly Community

<b>National Falls Prevention Awareness Week Media Campaign</b>	Total reach of each medium used in campaign # of social media posts # of campaign materials created # of campaign materials disseminated
--	---

### Deliverables 4-8:

#### Policy, Systems and Environmental Changes (PSEC) and PSEC Supportive Strategies

For each PSEC and the optional PSEC supportive strategy, applicants should consider the following to form and propose Year 3 strategies: logical next steps for each PSEC strategy, based on year 2 proposed activities, progress made to date, and anticipated results from year 2. If full scale implementation has occurred in Year 2, subrecipients are required to significantly expand the scope with additional partners or begin work on a new activity with a new implementation partner in Year 3. This must be specified in workplan.

However, given that implementation of each PSEC strategy can vary, the following strategies are available for each applicant to customize their approach for Year 3 and must be identified in the Workplan:

- **Support for full-scale implementation in conjunction with implementation partner identified from Year 2** *(select this if your agency has made progress but needs more time to implement, evaluate, and work toward sustainability)*
- **Expansion into additional locations or setting with the same implementation partner identified in Year 2** *(select this if your agency was able to implement in some settings, it went well your agency wants to expand within the purview of the same implementation partner)*
- **Identification of a new strategy or key implementation partner to begin a completely new activity** *(select if year 2 activity is already completed and fully implemented and agency will be selecting a different partner in a new setting)*
- **Revision of proposed strategy from Year 2 based on external factors with the project that are out of the control of the applicant** *(select this year 2 did not progress and agency needs to change directions)*
- **Hybrid-** *(select this if completing one activity and beginning another)*

A total of four PSECs are required to be completed. The required PSECs include A) STEADI Implementation Strategies; B) Environmental-Home Assessment and Modification Strategies; and D) Strategies to Increase Access to Balance and Mobility Trainings. A fourth PSEC is required to be chosen from the other options below and a minimum of two PSEC supportive strategies can also be selected but is optional. Please use the guidance above to identify and propose required PSEC strategies for year 3.

PSEC #1: STEADI Falls Risk Assessments		
Falls – Long term objective- The XYZ Agency will reduce fall-related fatalities among adults aged 65 and older within XYZ county by XX%.		
Focus Area	Strategies	Pick List of PSECs –
Required Program Objective: By September 30, 2023, XYZ Agency will increase use of fall risk assessments by INSERT ACTIVITY FROM PICK LIST.		
Policy Systems and Environmental Change (PSEC)	STEADI – (Fall Risk assessments) Implementation Strategies – REQUIRED	Train and implement policies in local pharmacies to conduct a falls risk assessment utilizing STEADI <a href="#">APhA – http://elearning.pharmacist.com/products/4721/steady-the-pharmacists-role-in-older-adult-fall-prevention</a> CDC – <a href="https://www.cdc.gov/steady/training.html">https://www.cdc.gov/steady/training.html</a>
		<a href="#">Implement fall risk screening in emergency department setting</a> <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5309203/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5309203/</a>
		Integrate STEADI into an electronic health record system <i>Existing build available for EPIC users:</i> <a href="https://comlib.epic.com/">https://comlib.epic.com/</a>
		<a href="#">Implement STEADI or specific components of STEADI in primary care setting</a> <a href="https://www.cdc.gov/steady/materials.html">https://www.cdc.gov/steady/materials.html</a>
		<a href="#">Implement STEADI or specific components of STEADI utilizing physical therapist practices</a>
		Partner with eligible Emergency Medical Services in the community to integrate and implement falls risk assessments into procedures as appropriate
		Build referral system with health care system or provider to link at-risk patients with community balance and mobility training classes
		PSEC Supportive Activity
	Educate and partner with healthcare providers to take the STEADI online training: <a href="https://www.cdc.gov/steady/training.html">https://www.cdc.gov/steady/training.html</a>	
PSEC #2: Environmental-Home Assessment and Modification		
Focus Area	Required Strategies	Pick List of Activities –
Required Program Objective: By September 30, 2023, XYZ Agency will improve environments to reduce falls by INSERT ACTIVITY FROM PICK LIST BELOW.		
Policy Systems and Environmental Change (PSEC)	Home Assessment and Modification Strategies-REQUIRED	Facilitate implementation of EMS Providers conducting home assessments and referrals to home modification resources and other evidence-based prevention interventions <a href="https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2006.00736.x">https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2006.00736.x</a>
		Partner with first responders in the community (fire departments, police, EMS) to develop and integrate home assessments and referrals to modifications
		Identify and integrate home assessments into senior home

		visiting programs (i.e. connect and train meals on wheels volunteers, integrate into PASSPORT programs)
		Identify and implement innovative home safety assessment and modification program <a href="https://www.ncoa.org/resources/creative-practices-in-home-safety-assessment-and-modification-study/">https://www.ncoa.org/resources/creative-practices-in-home-safety-assessment-and-modification-study/</a>
		Pilot innovative programs (e.g., CAPABLE) that utilize various professions (e.g., occupational therapy, first responders, home modification experts) to provide in-home assessments and identify/recommend modifications that are needed to allow client to remain in home <a href="https://www.ncoa.org/resources/capable-program-summary/">https://www.ncoa.org/resources/capable-program-summary/</a>
		Medical providers' orders as an alternative to a primary care provider conducting a medical, home-safety, or social assessment.
	<b>External Modification Strategies</b>	<p>Within the county, adopt policies, procedures, and practices to become an Age-Friendly Community <a href="https://www.aarp.org/livable-communities/network-age-friendly-communities/">https://www.aarp.org/livable-communities/network-age-friendly-communities/</a></p> <p>Implement evidence-based walking initiatives to address falls prevention (e.g., Healthy Aging in Parks, Walk with Ease) <a href="https://www.nrpa.org/Healthy-Aging-in-Parks">https://www.nrpa.org/Healthy-Aging-in-Parks</a></p>
<b>PSEC #3: Increase Access to Balance and Mobility Trainings</b>		
<b>Focus Area</b>	<b>Required Strategies</b>	<b>Pick List of Activities –</b>
<b>Required Program Objective:</b> <i>By September 30, 2023, XYZ Agency will expand access to balance and mobility trainings by INSERT ACTIVITY FROM LIST BELOW.</i>		
<b>Policy Systems and Environmental Change (PSEC)</b>	<b>Strategies to Increase Access to Balance and Mobility Trainings – 2 activities are required</b>	<b>REQUIRED:</b> Agency will utilize data collection forms provided by ODH for all balance and mobility classes offered for Tai Chi for Arthritis, Matter of Balance, Stepping On, and Tai Ji Quan: Moving for Better Balance (formerly known as Tai Chi: Moving for Better Balance).
		In conjunction with regional Area Agency on Aging and other partners, create inventory of balance and mobility trainings within county
		Identify gaps in balance and mobility training offerings within the county, and facilitate training events
		Develop system to identify isolated or home-bound older adults and provide them with resources to obtain balance and mobility training
		Facilitate development of multiple community-based balance and mobility trainings to address multiple fitness and functionality levels and needs
		Identify innovative settings to offer balance and mobility classes for seniors, and train staff (e.g. volunteers at senior



		centers)
		Monitor trainings being offered and develop referral systems from various partners (no wrong-door approach)
		Facilitate a referral system to connect seniors with community balance and mobility trainings from health care providers
		Create and implement linkages to build transportation capacity for balance and mobility trainings
<b>PSEC Supportive Activities</b>		
	Facilitating social or introductory event at the facility to attract potential participants	
	Increase visibility and attendance by offsetting class costs for a free trial period for participants	
<b>PSEC #4: Subrecipient Community Choice</b>		
<b>***Subrecipient can select PSEC #4 from list below or from any PSEC 1-3 not already selected; excluding those listed as PSEC Supportives.</b>		
<b>Focus Areas</b>	<b>Required Strategies</b>	<b>Pick List of Activities –</b>
<b>Required Program Objective:</b> <i>By September 30, 2023, XYZ Agency will impact risk factors for falls by INSERT ACTIVITY FROM LIST BELOW.</i>		
<b>Policy Systems and Environmental Change (PSEC)</b>	<b>Improve Risk Factors – Medication Review and Management</b>	Partner with local College of Pharmacy, senior services, housing sites, and other injury prevention programs to develop and implement regular medication review programs
		Implement strategies for community pharmacists to practice medication therapy management to address falls risks for older adult patients <a href="https://www.cdc.gov/dhdp/pubs/guides/best-practices/pharmacist-mtm.htm">https://www.cdc.gov/dhdp/pubs/guides/best-practices/pharmacist-mtm.htm</a>
		Work with community pharmacists to adopt policies to increase utilization of the Beers Criteria
	<b>Improve Risk Factors – Vision Health</b>	Identify and engage healthcare providers and other community partners to decrease the incidence of preventable vision loss among Ohio's adult population through promotion of healthy lifestyles, early detection and treatment program, e.g., <a href="https://ohio.preventblindness.org/sites/default/files/ohio/documents/eyewatchtoolkit.pdf">https://ohio.preventblindness.org/sites/default/files/ohio/documents/eyewatchtoolkit.pdf</a>
		Identify and develop systems to offer transportation for older adults with vision and fall risk issues in your community
		Utilize public school health infrastructures (e.g., school nurses, school health clinics) to conduct vision screenings of low income older adults
<b>PSEC Supportive Activities</b>		
	Increase consumer awareness and knowledge of fall risk and protective factors related to medication use and other substance	
	Patient safety education with EMS and healthcare providers	

PSEC Supportives		
*** If you select any PSEC Supportives, you must select a minimum of two. You can select from “PSEC Supportive Activities” list above in PSEC 1-3 sections, or from the list below.		
OPTIONAL – Focus Area	OPTIONAL Strategy	Pick List of Activities
Required Program Objective: <i>By September 30, 2023, XYZ Agency will increase awareness of fall prevention by INSERT ACTIVITY FROM LIST BELOW.</i>		
Policy Systems and Environmental Change (PSEC) Supportive Strategies	Social Marketing – Ageism & Falls Prevention	Develop and implement a social marketing campaign that reflect positive aging and educate that falls are not a normal part of the aging process
		Identify statewide or national social marketing campaign and utilize for local implementation promoting positive aging and that falls are not a normal part of the aging process
		Promote the Give Back, Go Forward initiative as an opportunity for older adults to reduce isolation and increase engagement with the community <a href="https://www.ohiohighered.org/GBGF">https://www.ohiohighered.org/GBGF</a>

## DELIVERABLE 9: NATIONAL FALLS PREVENTION AWARENESS WEEK

By September 30, 2021 subrecipient will support and promote National Falls Prevention Awareness Week in their community. Subrecipients will have two activities to complete for this deliverable, as described in Appendix B1.

## DELIVERABLE 10:

**Semi-Annual Verification:** This is an in-kind deliverable and will not receive reimbursement but is required to support documentation that agency has one full-time/100% staff assigned to the Older Adult Falls Prevention grant, as required in 2018-2019 competitive solicitation. This verification is required twice a year and should be submitted in REDCap. Please use **Appendix I** for submission on March 31, 2021 and September 31, 2021.

## **BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)**

### **NOTES:**

- 1. Budget justification line items MUST be in the same order as in the GMIS budget.**

### **OTHER DIRECT COSTS**

#### **Deliverable – Objectives**

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

#### **Scenario 1** (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

\$10,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

\$45,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

\$75,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

#### **Scenario 2** (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Franklin County

\$40,000

Union County

\$11,000

Madison County

\$20,000

Licking County

\$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County

\$52,500

Union County

\$9,500

Madison County

\$12,500

Licking County

\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County

\$78,750

Union County

\$16,750

Madison County

\$8,750

Licking County

\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in

the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

**Scenario 3 (please refer to the solicitation to determine which scenario to use)**

- Deliverable – Objective 1

Objective A

\$10,000

Objective B

\$20,000

Objective C

\$30,000

Objective D

\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A

\$12,500

Objective B

\$2,500

Objective C

\$1,500

Objective D

\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A

\$28,750

Objective B

\$8,750

Objective C

\$1,750

Objective D  
\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

### **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.**

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 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 agency policy in 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.

---

[Signature]

---

[Print Name & Title]

---

[Date]

## Ohio Department of Health FFY21 OIPP/OOAFPC Attendance Log

The Older Adult Falls Prevention grant with the Ohio Department of Health (ODH) stipulates that subgrantee or their agency representative will participate in all scheduled OIPP and OOAFPC meetings with ODH. In order to receive compensation for these deliverables, written documentation must be submitted via REDCap. This is a progressive form, so please don't delete previously entered information.

Please complete and submit the following form in REDCap under Deliverable 2B to document attendance of 3 OIPP and 3 OOAFPC attendance dates:

Quarter 1: December 31, 2020

Quarter 2: March 31, 2021

Quarter 3: June 30, 2021

Quarter 4: September 30, 2021

**Check quarter you are submitting for:**

1<sup>st</sup> ☐

2<sup>nd</sup> ☐

3<sup>rd</sup> ☐

4<sup>th</sup>/Final ☐

Meeting #	Date of Meeting	Name of individual at your agency that attended
1		
2		
3		
4		

### OOAFPC Meetings and/or Calls

Meeting #	Date of call/meeting	Name of individual at your agency that attended
1		
2		
3		
4		

\_\_\_\_\_  
Signature of Injury Coordinator

\_\_\_\_\_  
Date

## SUPPLEMENTAL FUNDING GUIDANCE

### Statewide Coalition Building for Injury Prevention

**Union County Health Department** is eligible for up to \$60,000 to continue the coordination and administration of the Ohio Older Adult Falls Prevention Coalition (**OOAFPC**) statewide activities as described below as an extension of the Ohio Injury Prevention Partnership (OIPP).

- **Coordinate the statewide OOAFPC and its subgroups** composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to older adult falls injury prevention within their communities.

#### **Required activities:**

##### **Membership:**

- Continue to recruit appropriate new members for **Ohio Older Adult Falls Prevention Coalition** based on the results of a coalition assessment recommendations and/or strategic planning.
- Update and/or revise the **Ohio Older Adult Falls Prevention Coalition** recruitment plan (e.g., will no less than twice per year, review membership changes with coalition leadership and identify new key stakeholders to approach, update recruitment information, contact stakeholder via phone, etc.)
- Contact members by phone and in writing (mail/email) to invite them to join.
- Prepare written materials/invitations to explain the purpose of the initiatives.
- Create/update/maintain orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes, copy of **Ohio Older Adult Falls Prevention Coalition** Strategic Plan, etc. This may be a hard-copy or e-packet.
- Coordinate representation from **Ohio Older Adult Falls Prevention Coalition** leadership for New Member Orientation at OIPP meetings.
- Cooperate with ODH on updating the membership list and switching to a new membership platform.
- Communicate with members in between meetings to ensure adequate support to group chairs/co-chairs and progress is occurring. Respond to requests for information from members.

##### **Committees:**

- For **Ohio Older Adult Falls Prevention Coalition**, will serve as coordinator, to include all activities described herein, and serve as interim coordinator when a co-chair vacancy exists.



- Coordinate annual action plan updates from the **Ohio Older Adult Falls Prevention Coalition** Subcommittees to update/adjust the **Ohio Older Adult Falls Prevention Coalition** state strategic plan as needed to respond to changing opportunities and accomplishments to date.
- Compile meeting minutes and send to ODH within 30 days after the meetings to include sign-in sheet.
- Coordinate to have written reports from each subcommittee at quarterly OIPP/ **Ohio Older Adult Falls Prevention Coalition**
- Coordinate and develop an annual list of each subcommittee meetings/conference calls to include dates and times within 30 days from start of grant period.

**Administrative:**

- Represent **Ohio Older Adult Falls Prevention Coalition** at statewide meetings and serve on OIPP Leadership.
- Maintain regular communication with ODH VIPS staff.
- Provide quarterly and annual reports of statewide coalition building activities containing information in format requested by ODH.
- Provide quarterly website content updates for the ODH **Ohio Older Adult Falls Prevention Coalition** webpages. Meeting minutes, presentations, meeting schedule, etc. should be provided to the VIPS website contact, and updates must be provided no less than quarterly.
- Deliver annual action plans, recommendations and updates from the respective group to ODH VIPS.
- Coordinate implementation of updated state action plans with recommendations related to older adult falls prevention policy. Funded entities will be expected to be active participants in implementing state plans through a variety of strategies (e.g., developing and reviewing annual action plans for progress, offering funding for pilot projects, identifying members to be responsible for key components of plans, structuring coalition for success, recruiting and identifying committee chairs, planning conference calls as needed, cultivating coalition leadership, etc.).
- Plan and coordinate **one in-state training activity**, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan. Training must include building capacity of group members related to state plan activities. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc.
  - For **Ohio Older Adult Falls Prevention Coalition**, the training should include but not be limited to regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMOs/MCOs; hospital/trauma/medical centers; injury prevention and research, academia, public health, medical/professional organizations (e.g., area on aging, family medicine); and other stakeholders (e.g., businesses, insurance companies, etc.).

- family medicine); and other stakeholders (e.g., businesses, insurance companies, etc.).
- Participate as an active member of the OIPP Leadership team. Assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the **Ohio Older Adult Falls Prevention Coalition**
- Administer pilot project applications using a deliverable model, contract process and monitor awardees' progress and outcomes for said grant year.
- Provide written update to be included in OIPP Newsletter, as requested.
- Provide evaluation of **Ohio Older Adult Falls Prevention Coalition** members by month 9 and provide a summary of results to ODH by end of grant period.

### Supplemental Application Instructions:

Provide a Program Narrative methodology, work plan and budget narrative/justification for this section and include in GMIS 2.0.

#### **Program Narrative/Methodology/Budget:**

**Methodology Work Plan** – Use the work plan format in **Appendix C**. Outline specific activities and detail a timeline for the completion of activities; do not include the entire funding year as your timeline.

**Budget Narrative/Justification** – Include a detailed budget narrative justification describing each deliverable as it relates to your agency's ability to complete.

- **Other Direct Costs** -please use scenario 3 in Budget Justification example; Appendix F.

**Attachments:** Create new files for this section. Label the file attachments in GMIS 2.0 as follows:

1. **Supplemental Work Plan:** complete supplemental tab in workplan (Appendix C)
2. **Budget Justification:** add to core grant budget justification for deliverables 11-26.

**CERTIFICATION BY EMPLOYEE SUPERVISOR**  
**FOR CIRCULAR A-87**

Certification period: Pay Period Ending October 1, 2020 through  
Pay Period Ending September 30, 2021

In accordance with Federal Circular OMB A-87, administered by the ODH Office of Financial Affairs, the following certification is required for employees expected to work on a single federal award. To certify the employee, you must have firsthand knowledge of the employee's work effort during the reporting period.

The individual below performed full-time duties in support of the listed grant for 13 Pay Periods during the certification period (October 1, 2020-March 31, 2021 AND April 1, 2021-September 30, 2021). Please see 2018-2019 Older Adult Falls Injury Prevention competitive solicitation for definition of full-time.

**NAME:**

**PCN:**

**FUND:** Older Adult Falls Injury Prevention Grant (IF)

**FEDERAL AWARD:** Preventive Health and Health Service Block Grant

***I certify that this employee worked 100% of his/her time on activities related to the federal program stated above.***

**Supervisor's signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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