



MEMORANDUM

Date: December 22, 2021

To: Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC
Chief, Bureau of Maternal, Child and Family Health
Ohio Department of Health *DGT*

Subject: Sick Cell (SK23)
July 1, 2022 – June 30, 2023

The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., Monday, January 31, 2022.** 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 at <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. 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 Cheryl Jones, Sick Cell Services Program Coordinator at (614) 728-6787 or email at cheryl.jones@odh.ohio.gov.

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I. 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 [07/01/2022 to 06/30/2023] of the total project period, [07/01/2020 to 06/30/2024]. 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).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of 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 ODH Sickle Cell grants are comprised of funds generated from a portion of the state Newborn Screening fee. For the SFY 2023 budget period (07/01/2022 to 06/30/2023), up to six (6) grants may be awarded for a total amount of \$710,000.00. Grant amounts will range from \$54,713.00 to \$176,494.00. Eligible agencies may apply for continuation grant funding as follows:

Subrecipient Agency	Region	SFY 2023 Funding
Cincinnati Children's Hospital Medical Center	I	\$133,668.00
Children's Medical Center - Dayton	II	\$75,705.00
Neighborhood Health Association of Toledo, Inc	III	\$54,713.00
The Research Institute of Nationwide Children's Hospital	IV	\$170,881.00

American Sickle Cell Anemia Association	V	\$176,494.00
Children's Hospital Medical Center - Akron	VI	\$98,539.00

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 (e.x., 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 the agency name and project key number listed in GMIS 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 has not been 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, January 31, 2022.**

II. PROGRAM UPDATES:

- A. Program Progress Report:** 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.

Sickle Cell Program Application Guidance: *A Program Progress Report submission is not required with this continuation grant application. The subrecipient is required to complete and submit quarterly or monthly program performance reports for the current grant period (SFY 2022). This is an external document provided by the ODH Sickle Cell Services Program (hereafter referred to as ODH Program) and is not attached to this application. The quarterly or monthly program performance report for the period ending December 31, 2021 is due on January 10, 2022 (prior to the application due date). This report will suffice as the document required under this section.*

- B. Program Narrative:** Complete and submit a narrative statement (not to exceed 6 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.

Sickle Cell Program Application Guidance: *A Program Narrative is not required for the SFY 2023 continuation cycle. Submit only **if changed.***]

- 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.

Sickle Cell Program Application Guidance: *In lieu of a short summary (as described above), the subrecipient is **required** to submit an **updated** Deliverable-Objectives and Work Plan for SFY 2023 (see **ATTACHMENT #1**). The Deliverable-Objectives and Work Plan must be completed in the format provided by ODH Program. **Submit in GMIS under the Program Narrative Section.***

- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:** Please provide detailed updates on the goals, objectives, and deliverables specified in the Competitive Solicitation related to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and/or neighborhoods specified in their plan.

Sickle Cell Program Application Guidance: *Documentation and Progress on Health Equity and Disparity Reduction Activities is not applicable under this continuation solicitation.*

- 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. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=595863>.

Posted Date: 03/13/2020 – Subject: Updated Budget Justification Templates – File Name: Budget Justification Deliverable Example Effective March 13, 2020 – 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. **[SFY 2023]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 [07/01/2022] to [06/30/2023.]

Sickle Cell Program Application Guidance: *Each subrecipient must submit a budget justification narrative that follows the standard language descriptions outlined by ODH Program (see **APPENDIX B1**).*

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.

Sickle Cell Program Application Guidance: *Reference your SFY 2022 Compliance Form (Application Section in GMIS) to ensure accurate completion and non-duplication of previous year GSU Special Conditions (if applicable).]*

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

1. To advance political or religious points of view or for fundraising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees – unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building.
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.

Program-Specific Unallowable Costs

16. [Advertisement – other than for recruitment or procurement.
17. Alcoholic beverages.]

18. Client Incentives (gas cards) and Client Enablers, unless specified by ODH and in the Solicitation.
19. Costs associated with clinical services (with the exception of instructional supplies).
20. First class travel.
21. Funds requested to reduce, replace or supplant existing subrecipient funds for sickle cell and other hemoglobinopathy services.
22. Grant-related equipment costs greater than \$1,000, unless justified and approved by ODH.
23. Lodging, travel and meals over the current state rates (See Ohio Shared Services website for hotel rates and meals per diem at: <http://www.ohiosharedservices.ohio.gov/TravelandExpense.aspx>).
24. Office furniture (refer to OGAPP Manual).
25. Out-of-state travel, unless specified by ODH and in the Solicitation (restrictions apply).
26. Promotional items (refer to OGAPP Manual).
27. Subscriptions.
28. Training longer than one week in duration, unless prior approved by ODH.
29. Unapproved educational or training activities.

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 Requirements

- **Ownership Copyright:** The subrecipient must continue to adhere to the ownership copyright and verbiage requirements on all work produced under this grant in accordance with the ODH OGAPP Manual and the SFY 2021 Competitive Solicitation.

The ODH Sickle Cell Program Coordinator must also approve, in advance, the use of the ODH logo on subrecipient materials as per Ownership Copyright.

Sickle Cell Program Application Guidance: *Costs associated with the content of any work produced under this grant, that is not pre-approved in advance by ODH Program, may be disallowed.*

- **GMIS Training:** All NEW and applicable EXISTING Project Directors (requiring GMIS access) under this grant must: (1) complete ODH self-paced GMIS Training, (2) document completion of Training in GMIS (under Project Comments in the Application Section), and (3) be listed as a “User” in GMIS (under Project Contacts in the Application Section).

The GMIS Training Guides (7 self-paced guides) are available on the ODH website at <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants>.

Sickle Cell Program Application Guidance: *Completion of the self-paced GMIS Training Guides is also highly recommended for subrecipient agency fiscal staff.*

- **New Personnel:** The subrecipient must continue to adhere to the biographical sketch and position description requirements for all NEW subrecipient staff as outlined in the SFY 2021 Competitive Solicitation.
- **Data Collection and Reporting Requirements:** Each subrecipient will be required to:
 - Maintain computer and software as specified by ODH Program to allow linkage in designated information systems, including but not limited to, GMIS and the Maternal and Child Health Integrated Data System (MCHIDS)/Sickle Cell Event Database (SCED).
 - Enter sickle cell events (education and awareness) in accordance with ODH data system and timeline requirements (MCHIDS/SCED).
 - Report progress on program performance measures as defined by ODH Program (Program Performance Report).
 - Prepare and submit annual aggregate level data (as specified by ODH Program) on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait result (Minimum Data Set).
 - Report subrecipient information and/or significant accomplishments/achievements in the format specified by ODH Program (Annual Report Worksheet).

Sickle Cell Program Application Guidance: *The formats for submission of these data collection and reporting requirements will be provided to the subrecipient subsequent to official notification from ODH Program.*

- **Monitoring:** As per OGAPP (Section F – Subrecipient Monitoring), ODH is responsible for monitoring the activities of subrecipients to ensure that federal and state funds are used for authorized purposes in compliance with federal and state program laws, regulations and OGAPP. ODH Program monitoring responsibilities may include, but are not limited to, the following activities:
 - Reviewing reports and/or quality assurance self-assessments submitted by subrecipients.
 - Performing desk reviews and/or site visits to the subrecipient to review programmatic records.
 - Observing subrecipient operations.
 - Ensuring compliance to OGAPP and all applicable federal and state laws and regulations.
 - Tracking inventory.
 - Providing technical assistance and consultation to subrecipient staff on programmatic issues.

Sickle Cell Program Application Guidance. *Subrecipients will be notified in advance of any monitoring activities to be performed by ODH Program during the grant period.*

- **Subrecipient Communication with ODH Program:** Subrecipient staff (*applicable core team staff*) will be required to participate in mandatory meetings scheduled by ODH Program as follows: (1) Quarterly Project Staff Meetings; (2) Sickle Cell Month Planning Meeting and (3) Quarterly Subrecipient Grant Check-in Meetings.

Sickle Cell Program Application Guidance. *Reference Section I – Post Submission (under Program Reports) for a list of meeting types and dates.*

- **Sickle Cell Assurances:** Each subrecipient must provide signed assurance that the ODH Sickle Cell Program statements of assurance will be in place by July 1, 2022. The Sickle Cell Assurances sets forth the standards of conduct for ownership, disclosure, request for records, third-party entity access, confidentiality and storage of information and records provided by ODH Program.

Sickle Cell Program Application Guidance: *The format for submission of the sickle cell assurances will be provided to the subrecipient subsequent to official notification from ODH Program.*

Program Specific Attachments: Complete and submit the following attachments[

ATTACHMENT #1 – Deliverable-Objectives and Work Plan

An original of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit Central Master Files address by **4:00 p.m. on or before January 31, 2022**. All attachments must clearly identify the authorized program name and program number and be attached under the Project Narrative section in GMIS. On those paper attachments (*if applicable*) that require a signature, the signature must be in blue ink]

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 off if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

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

- **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 the press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgement 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. For information about System for Award Management (SAM) go to <https://sam.gov>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed 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: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include, but are not limited to, lesbian-gay-bisexual-transgender-questioning individuals,

individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers and low-income individuals.

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 that may include, but are not limited to the following:
 1. Populations at increased risk.
 2. Mental health population.
 3. Homeless population.
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

_____ Applicable **X Not Applicable to (SK – Sickle Cell Initiative)**

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 Performance Reports** and other reporting documents **must be completed and submitted via GMIS** by the following dates:

X Program Reports Required _____ No Program Report Required

Subrecipient Monthly Program Performance Reports

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2022</i>	<i>August 10, 2022</i>
<i>August 1 – 31, 2022</i>	<i>September 10, 2022</i>
<i>September 1 – 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 – 31, 2022</i>	<i>November 10, 2022</i>
<i>November 1 – 30, 2022</i>	<i>December 10, 2022</i>
<i>December 1 – 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 – 31, 2023</i>	<i>February 10, 2023</i>
<i>February 1 – 28, 2023</i>	<i>March 10, 2023</i>
<i>March 1 – 31, 2023</i>	<i>April 10, 2023</i>
<i>April 1 – 30, 2023</i>	<i>May 10, 2023</i>

<i>May 1 – 31, 2023</i>	<i>June 10, 2023</i>
<i>June 1 – 30, 2023</i>	<i>July 10, 2023</i>

Subrecipient Quarterly Program Performance Reports

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 - September 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 - December 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 - March 31, 2023</i>	<i>April 10, 2023</i>
<i>April 1 - June 30, 2023</i>	<i>July 10, 2023</i>

Subrecipient Minimum Data Set and Annual Report Worksheet

<i>Period</i>	<i>Report Due Date</i>
<i>July 1, 2021 – June 30, 2022</i>	<i>June 30, 2023</i>

Subrecipient Monthly Deliverable Reimbursement Form

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2022</i>	<i>August 10, 2022</i>
<i>August 1 – 31, 2022</i>	<i>September 10, 2022</i>
<i>September 1 – 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 – 31, 2022</i>	<i>November 10, 2022</i>
<i>November 1 – 30, 2022</i>	<i>December 10, 2022</i>
<i>December 1 – 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 – 31, 2023</i>	<i>February 10, 2023</i>
<i>February 1 – 28, 2023</i>	<i>March 10, 2023</i>
<i>March 1 – 31, 2023</i>	<i>April 10, 2023</i>
<i>April 1 – 30, 2023</i>	<i>May 10, 2023</i>
<i>May 1 – 31, 2023</i>	<i>June 10, 2023</i>
<i>June 1 – 30, 2023</i>	<i>July 10, 2023</i>

Subrecipient Quarterly Deliverable Reimbursement Form

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 - September 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 - December 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 - March 31, 2023</i>	<i>April 10, 2023</i>
<i>April 1 - June 30, 2023</i>	<i>July 10, 2023</i>

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.

Sickle Cell Program Application Guidance: *The formats for submission of the Program Performance Report (and any required attachments), the Minimum Data Set and Annual Report Worksheet and the Deliverable Reimbursement Form (including validation information) will be provided to the subrecipient subsequent to official notification from ODH.*

In addition to submission of the above-listed reporting documents, applicable subrecipient core team staff are **required** to participate in meeting types (*in-person or virtual*) as indicated below:

<i>Subrecipient Communication with ODH Program</i>	
<i>Meeting Types</i>	<i>Meeting Dates</i>
<i>Quarterly Sickle Cell Project Staff Meeting</i>	<i>September 9, 2022 December 9, 2022 March 10, 2023 June 9, 2023</i>
<i>Sickle Cell Month (September 2022) Planning Meeting</i>	<i>July 2022 (TBD)</i>
<i>Quarterly Grant Check-in Meeting (subrecipient-specific)</i>	<i>August 2022 November 2022 February 2023 May 2023</i>

Sickle Cell Program Application Guidance: *Meeting types and/or dates are subject to change by ODH Program.*

- 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>July 1 – 31, 2022</i>	<i>August 10, 2022</i>
<i>August 1 – 31, 2022</i>	<i>September 10, 2022</i>
<i>September 1 – 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 – 31, 2022</i>	<i>November 10, 2022</i>
<i>November 1 – 30, 2022</i>	<i>December 10, 2022</i>
<i>December 1 – 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 – 31, 2023</i>	<i>February 10, 2023</i>
<i>February 1 – 28, 2023</i>	<i>March 10, 2023</i>
<i>March 1 – 31, 2023</i>	<i>April 10, 2023</i>
<i>April 1 – 30, 2023</i>	<i>May 10, 2023</i>
<i>May 1 – 31, 2023</i>	<i>June 10, 2023</i>
<i>June 1 – 30, 2023</i>	<i>July 10, 2023</i>

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>July 1 - September 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 - December 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 - March 31, 2023</i>	<i>April 10, 2023</i>
<i>April 1 - June 30, 2023</i>	<i>July 10, 2023</i>

Note: Obligations not reported on the final monthly or 4th 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 **August 5, 2023**. 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.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B1. Deliverable – Objective Descriptions
- B2. Deliverable – Objective Descriptions
- C. Evidence of Health Equity Strategies Checklist

PROGRAM-SPECIFIC ATTACHMENTS

- 1. Deliverable -Objectives and Work Plan

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORMSubmission
RequiredOhio Department of Health
Bureau of Maternal, Child and Family Health

See due date below

ODH Program Title:
Sickle Cell (SK23)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 **December 29, 2021**Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Name of Subgrant Program: Sickie Cell
Budget Period: July 1, 2022 to June 30, 2023
of Deliverables: 10
Use Budget Justification Scenario#: 3

☐ **Base and Deliverables**
☒ **Deliverables Only**

Deliverable - Objective 1: Ensure regional sickle cell services are available to Ohioans

Total Amount Available: Varies by Subrecipient

- **Deliverable 1.1** - By June 30, 2023, each subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of **regional** comprehensive services for newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. The subrecipient will also be expected to maintain registration with the information and referral resource agency in their region. For in-office and/or telework options, the purchase of office supplies (*e.g., printer ink, paper, binders, trolley locking file cabinets, etc.*), COVID-19 supplies (*e.g., tissues, alcohol-based hand sanitizer, cleaner and disinfectant, disposable towels, face masks and other personal protection equipment, etc.*) and equipment – necessary and reasonable for proper and efficient performance and administration of the program - are allowable costs under this deliverable. Reimbursement for this deliverable is either **monthly** or **quarterly** (*specify subrecipient reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient Agency	Region	Maximum Reimbursement
Cincinnati Children's Hospital Medical Center	I	\$9,576.00
Children's Hospital - Dayton	II	\$7,350.00
Neighborhood Health Association of Toledo, Inc	III	\$5,890.00
The Research Institute of Nationwide Children's Hospital	VI	\$12,700.00
American Sickle Cell Anemia Association	V	\$14,714.00
Children's Hospital Medical Center - Akron	VI	\$6,464.00

NOTE: Subrecipients must have the operational capacity to work remotely (as necessary) and follow the OGAPP guidelines for purchase of office supplies and equipment. Reference Chapter 2, Section B2.5 – Other Direct Costs (page 40) and Section B2.6 – Equipment Costs (page 43) for more information. Failure to follow these guidelines may result in disallowance of costs.

Deliverable - Objective 2: Newborn Bloodspot Screening Follow-Up

Total Amount Available: Varies by Subrecipient

- **Deliverable 2.1** - By June 30, 2023, each subrecipient will provide newborn screening follow-up services to **newborns/infants** identified on Ohio's newborn bloodspot screening panel with an **abnormal hemoglobin disease or hemoglobin trait** result. Subrecipients will be expected to: (a) collect and report data variables on newborn/infants, and (b) comply with statements of assurance as specified by ODH Program. Reimbursement for this deliverable is \$115.00 per unique newborn/infant (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient Agency	Region	Maximum Reimbursement
Cincinnati Children's Hospital Medical Center	I	\$41,975.00
Children's Hospital - Dayton	II	\$32,085.00
Neighborhood Health Association of Toledo, Inc	III	\$21,045.00
The Research Institute of Nationwide Children's Hospital	VI	\$70,840.00
American Sickle Cell Anemia Association	V	\$55,095.00
Children's Hospital Medical Center - Akron	VI	\$33,235.00

Deliverable - Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results

Total Amount Available: Varies by Subrecipient

- **Deliverable 3.1** -By June 30, 2023, each subrecipient will provide hemoglobinopathy follow-up services to **non-newborns** identified with or at risk for an **abnormal hemoglobin disease or hemoglobin trait** result. *A non-newborn is defined as an individual (newborn, infant, child, adult) born before the SFY 2023 reporting period (July 1, 2022 to June 30, 2023) who receive follow-up services from an RSCP or non-RSCP provider during the SFY 2023 reporting period.* Subrecipients will be expected to: (a) collect and report data variables on non-newborns, and (b) comply with statements of assurance as specified by ODH Program. Reimbursement for this deliverable is \$115.00 per unique non-newborn (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient Agency	Region	Maximum Reimbursement
Cincinnati Children's Hospital Medical Center	I	\$25,067.00
Children's Hospital - Dayton	II	\$5,860.00
Neighborhood Health Association of Toledo, Inc	III	\$2,168.00
The Research Institute of Nationwide Children's Hospital	VI	\$23,251.00

American Sickle Cell Anemia Association	V	\$40,515.00
Children's Hospital Medical Center - Akron	VI	\$11,630.00

Deliverable - Objective 4: Participation on External Groups, Programs or Organizations Representing Sickle Cell

Total Amount Available: \$1,000.00

- Deliverable 4.1** - By June 30, 2023, subrecipient staff (*applicable core team staff*) will actively participate (*virtual and/or in-person*) on a minimum of one (1) group, program or organization (*external to the subrecipient agency*) that serves to impact the specific health status (*e.g., morbidity and/or mortality*) or health system (*e.g., accessibility, availability, affordability, appropriateness of health services*) concerns and/or priorities of Ohio individuals affected by sickle cell disease and other hemoglobinopathies. **For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.** Reimbursement for this deliverable is up to \$83.33 per month/per staff member or \$250.00 per quarter/per staff member (*specify subrecipient reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,000.00 per subrecipient.

Deliverable - Objective 5: Implement/Participate in Sickle Cell Events Targeting Professionals

Total Amount Available: Varies by Subrecipient

- Deliverable 5.1** - By June 30, 2023, each subrecipient will implement/participate in education and/or awareness events (*utilizing various instructional formats*) targeting professionals in the region that service newborns/children/individuals/families identified with or at risk for hemoglobinopathies. **This includes education and/or awareness events internal and external to the subrecipient agency.** Reimbursement for this deliverable is up to \$800.00 per event and includes staff preparation, set-up and participation time, staff travel (as necessary), event materials, registration fees, exhibit/booth costs (if applicable), post-event follow-up and data entry into the MCHIDS/SCED within ten (10) days of the event. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient Agency	Region	Maximum Reimbursement
Cincinnati Children's Hospital Medical Center	I	\$29,200.00
Children's Hospital - Dayton	II	\$5,600.00
Neighborhood Health Association of Toledo, Inc	III	\$4,800.00
The Research Institute of Nationwide Children's Hospital	VI	\$22,800.00

American Sickle Cell Anemia Association	V	\$23,600.00
Children's Hospital Medical Center - Akron	VI	\$13,600.00

NOTE: Refer to the MCHIDS/SCED User Guide for information on audience designations.

- Deliverable 5.2** - By June 30, 2023, subrecipient staff (*applicable core team staff*) may request travel to a National Sickle Cell Conference (e.g., Sickle Cell Disease Association of America, Inc. National Convention – SCDA) to present an **accepted abstract** for oral and/or poster presentation (*virtual or in-person*) **Abstract topics for submission must be related to a deliverable service/activity/program currently funded by ODH Program under the Sickle Cell Initiative.** The subrecipient will be expected to submit a draft copy of the proposed abstract to the ODH Sickle Cell Program Coordinator for review and approval prior to the conference “call for abstract” submission. For out-of-state travel, expenditures for one (1) subrecipient staff member will include allowable travel and expense reimbursement as outlined in the OBM Travel Rules. The OBM Travel Rules (126-1-02) can be found at <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule>. **For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.** Total reimbursement for this deliverable is not to exceed the annual amount of \$2,000.00 per subrecipient.

NOTE: This is a select deliverable (Deliverable 5.2). Total reimbursement is based on in-person attendance. If an abstract for oral and/or poster presentation is not submitted or accepted, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revision requests to adjust funding between established deliverable line items must be pre-approved (in writing) by the ODH Sickle Cell Program Coordinator prior to submission of the budget revision and revised budget justification narrative in GMIS.

Deliverable - Objective 6: Implement/Participate in Sickle Cell Events Targeting the Public and Community in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers

Total Amount Available: Varies by Subrecipient

- Deliverable 6.1** - By June 30, 2023, each subrecipient will ensure that education and/or awareness events to raise public and community awareness of hemoglobinopathies are implemented in the **counties with the largest estimated number of sickle cell trait carriers (based on the percentage of Black or African Americans, alone).** The Ohio Black population percentage by county can be found at <https://www.indexmundi.com/facts/united-states/quick-facts/ohio/black-population-percentage#table>. The subrecipient will be expected to implement these events (*utilizing various instructional formats*) as follows: (a) throughout the current state fiscal year to

various target audiences, (b) for National Sickle Cell Awareness Month (*September 1-30, 2022*), (c) during the state-designated Sickle Cell Sabbath weekend (*September 17-18, 2022*), and (d) for World Sickle Cell Awareness Day (*June 19, 2023*). Reimbursement for this deliverable is up to \$800.00 per event and includes staff preparation, set-up and participation time, staff travel (*as necessary*), event materials, registration fees, exhibit/booth rental costs (*if applicable*), post-event follow-up and data entry into the MCHIDS/SCED within ten (10) days of the event. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient Agency	Region	Maximum Reimbursement
Cincinnati Children's Hospital Medical Center	I	\$12,800.00
Children's Hospital - Dayton	II	\$9,760.00
Neighborhood Health Association of Toledo, Inc	III	\$5,760.00
The Research Institute of Nationwide Children's Hospital	VI	\$26,240.00
American Sickle Cell Anemia Association	V	\$27,520.00
Children's Hospital Medical Center - Akron	VI	\$18,560.00

NOTE: *Refer to the MCHIDS/SCED User Guide for information on audience designations.*

Deliverable - Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials

Total Amount Available: \$3,500.00

- **Deliverable 7.1** – By June 30, 2023, each subrecipient will maintain a clearinghouse and resource center of hemoglobinopathy education materials for regional distribution to public and professional audiences. Education materials must be current, of professional quality, culturally, age, language, and literacy appropriate, and available upon request. This deliverable includes materials that are purchased and/or printed through external vendors (*including digital and audio materials*) and internal departmental printing costs. The subrecipient will be expected to: (a) maintain informative content (approved by ODH Program) which outlines available hemoglobinopathy services/activities/programs, and (b) submit a source listing document of other educational materials available for regional distribution. Total reimbursement for this deliverable not to exceed the annual amount of \$2,000.00 per subrecipient.

NOTE: *All new and existing materials (including print and multi-media) produced under Deliverable 7.1 must adhere to the requirements as set forth in the following Solicitations: ownership copyright (SFY 2021 Solicitation) and verbiage/logo (SFY 2022 Solicitation).*

- **Deliverable 7.2** - By June 30, 2023, each subrecipient may purchase medical and/or instructional supplies for operational maintenance and/or requirements. Limitations apply as follows: (a) Medical supplies are limited to those supplies required by a trained phlebotomist to perform hemoglobin testing at a designated location or at outreach education and/or awareness events, and (b) Instructional materials are limited to the purchase and distribution of thermometers or other items (*e.g., pill organizer, pill crushers, medical identification bracelets, etc.*) to parents/guardians of newborns/infants and individuals confirmed with a hemoglobin disease (*as applicable*). Medical and instructional supplies purchased under this deliverable must follow the OGAPP Manual for unallowable cost specifications for promotional items (*e.g., no items with slogans, logos, agency address/name, messaging*). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,500.00 per subrecipient.

NOTE: *This is a select deliverable (Deliverable 7.2). If the requirements for this deliverable have been met or are not applicable, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revision requests to adjust funding between established deliverable line items must be pre-approved (in writing) by the ODH Sickle Cell Program Coordinator prior to submission of the budget revision and revised budget justification narrative in GMIS.*

Deliverable-Objective 8: Staff Professional Development

Total Amount Available: \$1,600.00

- **Deliverable 8.1** - By June 30, 2023, subrecipient staff (*applicable core team staff*) will complete a minimum of one (1) professional development activity to advance knowledge in the following priority focus areas: hemoglobinopathies, newborn screening, hemoglobinopathy counseling, educational programming, health equity and/or culturally and linguistically appropriate service delivery. Activities under this deliverable include, but are not limited to conferences, seminars, workshops, trainings and/or course. **For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.** Reimbursement for this deliverable is up to \$150.00 per activity/per staff member. Total reimbursement for this deliverable is not to exceed the annual amount of \$600.00 per subrecipient.

NOTE: *Includes online and virtual fee-based activities. Physical attendance is limited to activities in Ohio. Subrecipient agency mandated professional development trainings may also count towards this staff professional development requirement.*

- **Objective 8.2** - By June 30, 2023, subrecipient staff (*applicable core team staff*) will complete the Cincinnati Hemoglobinopathy Counselor Training Course (*presented by the*

Cincinnati Comprehensive Sickle Cell Center). This deliverable requirement applies to subrecipient staff as follows: (a) NEW subrecipient staff within one year of employment and (b) EXISTING subrecipient staff with prior attendance greater than four (4) years. **For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.** For a *virtual event*, total reimbursement for this deliverable is not to exceed the annual amount of \$250.00 per subrecipient staff member (*registration and conference fees*). For an *in-person event*, total reimbursement for this deliverable is not to exceed the annual amount of \$1,000.00 per subrecipient staff member.

NOTE: *This is a select deliverable (Deliverable 8.2). If the requirements for this deliverable have been met or are not applicable, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revision requests to adjust funding between established deliverable line items must be pre-approved (in writing) by the ODH Sickle Cell Program Coordinator prior to submission of the budget revision and revised budget justification narrative in GMIS.*

Deliverable-Objective 9: Data Collection and Reporting

Total Amount Available: \$3,950.00.00

- **Deliverable 9.1** – By June 30, 2023, each subrecipient will report progress on program performance measures utilizing the Program Performance Report (PPR). The PPR must be submitted electronically in GMIS, either monthly or quarterly (*specify subrecipient reimbursement type*), in the format specified by ODH Program. Reimbursement for this deliverable is \$100.00 per month or \$300.00 per quarter (*specify subrecipient reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,200.00 per subrecipient.

NOTE: *Refer to the SFY 2023 Solicitation (under Post Submission Requirements) for monthly or quarterly due dates.*

- **Deliverable 9.2** – By June 30, 2023, each subrecipient will prepare and submit a Minimum Data Set Report (MDSR) and Annual Report Worksheet (ARW) for the preceding fiscal year. The MDSR will report aggregate level data (*as specified by ODH Program*) on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait result. The ARW will report subrecipient information and/or significant accomplishments/achievements. Both the MDSR and ARW must be submitted electronically by the due date and in the format specified by ODH Program. Total reimbursement for this deliverable is not to exceed the annual amount of \$2,750.00 per subrecipient.

NOTE: For SFY 2023, subrecipients are required to maintain collection and reporting of Hispanic ethnicity for newborns and non-newborns confirmed with a hemoglobin disease or hemoglobin trait on the MDSR.

Deliverable-Objective 10: Subrecipient Communication with ODH Program

Total Amount Available: \$3,000.00

Deliverable 10.1 - By June 30, 2023, subrecipient staff (*applicable core team staff*) will participate in meeting formats (*in-person and/or virtual*) as **required by ODH Program**. In-person meetings (*as allowable*) will typically be held quarterly in Columbus (*see meeting dates below*). Virtual meetings will be held on the Microsoft Teams communication platform. Subrecipient staff will be expected in engage in the full functionality of the Teams platform, including but not limited to, the ability to: (a) speak or share video, (b) view and participate in meeting chat, (c) respond to meeting polls, (d) share content (*if presenter*), (e) view a PowerPoint file (*if shared by someone else*), and (f) collaborate interactively in a shared space (*e.g., Jamboard, Mentimeter*). **Call in (audio only) participation for MS Teams meetings will not be a reimbursable option under this deliverable.** Reimbursable options will include meeting participation via the Teams app or Teams on the web. Subrecipients will also be expected to establish four (4) grant check-in meetings (*virtual*) with ODH Program during the grant period. Applicable core team staff representation will be required at all meeting formats. Reimbursement for this deliverable is as follows:

Meeting Type	Dates	Reimbursement
Quarterly Sickle Cell Project Staff Meetings	September 9, 2022 December 9, 2022 March 10, 2023 June 9, 2023	\$500.00/per meeting (4)
Sickle Cell Month (September 2022) Planning Meeting	July 2022 (TBD)	\$500.00 per meeting (1)
Quarterly Grant Check-in Meetings (subrecipient-specific)	August 2022 November 2022 February 2023 May 2023	\$125.00 per meeting (4)

Total reimbursement for this deliverable is not to exceed the annual amount of \$3,000.00 per subrecipient.

Name of Subgrant Program: Sickle Cell Initiative

Budget Period: 07/01/2022 to 06/30/2023

of Deliverables: 10

Use Budget Justification Scenario #: 3

Appendix B2

___ Base and Deliverables

X Deliverables Only

	Deliverable-Objective 1 Deliverable 1.1 Ensure regional sickle cell services are available to Ohioans	Deliverable-Objective 2 Deliverable 2.1 Newborn Bloodspot Screening Follow-Up	Deliverable-Objective 3 Deliverable 3.1 Follow-Up of Abnormal Hemoglobinopathy Results	Deliverable-Objective 4 Deliverable 4.1 Participation on External Groups, Programs or Organizations Representing Sickle Cell	Deliverable-Objective 5 Deliverable 5.1 Implement/Participate in Sickle Cell Events Targeting Professionals	Deliverable-Objective 5 Deliverable 5.2 Education/Awareness Events Targeting Professionals	Deliverable-Objective 6 Deliverable 6.1 Implement/Participate in Sickle Cell Events in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers	Deliverable-Objective 7 Deliverable 7.1 Procurement of Medical Supplies, Instructional Supplies and Educational Materials
Cincinnati Children's Hospital Medical Center	\$9,576.00	\$41,975.00	\$25,067.00	\$1,000.00	\$29,200.00	\$2,000.00	\$12,800.00	\$2,000.00
Children's Medical Center - Dayton	\$7,350.00	\$32,085.00	\$5,860.00	\$1,000.00	\$5,600.00	\$2,000.00	\$9,760.00	\$2,000.00
Neighborhood Health Association of Toledo, Inc.	\$5,890.00	\$21,045.00	\$2,168.00	\$1,000.00	\$4,800.00	\$2,000.00	\$5,760.00	\$2,000.00
The Research Institute of Nationwide Children's Hospital	\$12,700.00	\$70,840.00	\$23,251.00	\$1,000.00	\$22,800.00	\$2,000.00	\$26,240.00	\$2,000.00
American Sickle Cell Anemia Association	\$14,714.00	\$55,095.00	\$40,515.00	\$1,000.00	\$23,600.00	\$2,000.00	\$27,520.00	\$2,000.00
Children's Hospital Medical Center - Akron	\$6,464.00	\$33,235.00	\$11,630.00	\$1,000.00	\$13,600.00	\$2,000.00	\$18,560.00	\$2,000.00
TOTAL	\$56,694.00	\$254,275.00	\$108,491.00	\$6,000.00	\$99,600.00	\$12,000.00	\$100,640.00	\$12,000.00

	Deliverable- Objective 7 Deliverable 7.2 Procurement of Medical Supplies, Instructional Supplies and Educational Materials	Deliverable- Objective 8 Deliverable 8.1 Staff Professional Development	Deliverable- Objective 8 Deliverable 8.2 Staff Professional Development	Deliverable- Objective 9 Deliverable 9.1 Data Collection and Reporting	Deliverable- Objective 9 Deliverable 9.2 Data Collection and Reporting	Deliverable- Objective 10 Deliverable 10.1 Subrecipient Communication with ODH	Total
Cincinnati Children's Hospital Medical Center	\$1,500.00	\$600.00	\$1,000.00	\$1,200.00	\$2,750.00	\$3,000.00	\$133,668.00
Children's Medical Center - Dayton	\$1,500.00	\$600.00	\$1,000.00	\$1,200.00	\$2,750.00	\$3,000.00	\$75,705.00
Neighborhood Health Association of Toledo, Inc.	\$1,500.00	\$600.00	\$1,000.00	\$1,200.00	\$2,750.00	\$3,000.00	\$54,713.00
The Research Institute of Nationwide Children's Hospital	\$1,500.00	\$600.00	\$1,000.00	\$1,200.00	\$2,750.00	\$3,000.00	\$170,881.00
American Sickle Cell Anemia Association	\$1,500.00	\$600.00	\$1,000.00	\$1,200.00	\$2,750.00	\$3,000.00	\$176,494.00
Children's Hospital Medical Center - Akron	\$1,500.00	\$600.00	\$1,000.00	\$1,200.00	\$2,750.00	\$3,000.00	\$98,539.00
TOTAL	\$9,000.00	\$3,600.00	\$6,000.00	\$7,200.00	\$16,500.00	\$18,000.00	\$710,000.00

ODH Evidence of Health Equity Strategies Checklist

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

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

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

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

Project #: _____

Deliverable– Objective 1: Ensure regional sickle cell services are available to Ohioans.

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 1.1 - By June 30, 2023, each subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of regional comprehensive services for newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. The subrecipient will also be expected to maintain registration with the information and referral resource agency in their region. For in-office and/or telework options, the purchase of office supplies, COVID-19 supplies, and equipment – necessary and reasonable for proper and efficient performance and administration of the program - are allowable costs under this deliverable.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			<p>1.1 (a) The identification of subrecipient staff who provide regional comprehensive services under this deliverable.</p> <p>1.1 (b) The number of days per week/month/quarter that subrecipient staff are available to provide regional comprehensive services under this deliverable.</p> <p>1.1 (c) Subrecipient maintains registration with the information and resource referral agency in the region.</p> <p>1.1 (d) Subrecipient purchases office supplies, COVID-19 supplies and/or equipment, <i>as applicable</i>.</p>	<p>1.1 (a) Deliverables Reimbursement Form (DRF) and Subrecipient Staff Contact/User Access Form</p> <p>1.1 (b) DRF</p> <p>1.1 (c) Copy of registration information (with agency name and registration date) submitted in GMIS by October 10, 2022</p> <p>1.1 (d) Vendor purchase invoices submitted in GMIS, <i>as applicable</i></p>

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

Project #: _____

Deliverable– Objective 2: Newborn Bloodspot Screening Follow-Up – Hemoglobin Disease

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 2.1 - By June 30, 2023, each subrecipient will provide newborn screening follow-up services to newborns/infants identified on Ohio's newborn bloodspot screening panel with an abnormal hemoglobin disease or hemoglobin trait result. Subrecipients will be expected to: (a) collect and report data variables on newborn/infants, and (b) comply with statements of assurance as specified by ODH Program.</p> <p>Refer to Appendix B1 for complete language and reimbursement information.</p>	<u>Hemoglobin Disease Activities:</u>		<p>2.1 (a) (b) The number of unique newborns/infants (unduplicated) identified (on Ohio's newborn bloodspot screening panel) with an abnormal hemoglobin disease result who receive newborn bloodspot screening follow-up services during the reporting.</p> <p>2.1 (c) The number of newborns/infants with an abnormal hemoglobin disease result who are referred to a local health department/district for lost-to-follow-up (LTF) services.</p> <p>2.1 (d) The number of newborns/infants with an abnormal hemoglobin disease result who expired.</p> <p><i>Continued on next page</i></p>	<p>2.1 (a) Program Performance Report (PPR) and DRF</p> <p>2.1 (b) Case Disposition Forms submitted to Program via secure e-mail</p> <p>2.1 (c) PPR</p> <p>2.1 (d) PPR</p> <p><i>Continued on next page</i></p>

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

Project #: _____

Deliverable– Objective 2: Newborn Bloodspot Screening Follow-Up – Hemoglobin Trait

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
Deliverable 2.1 – (continued)	<u>Hemoglobin Trait Activities:</u>		<p>2.1 (e) (f) The number of unique newborns/infants (unduplicated) identified (on Ohio's newborn bloodspot screening panel) with an abnormal hemoglobin trait result who receive newborn bloodspot screening follow-up services during the reporting period.</p> <p>2.1 (g) The number of newborns/infants with an abnormal hemoglobin trait result who are determined to be LTF via case disposition.</p> <p>2.1 (h) The number of newborns/infants with an abnormal hemoglobin trait result who expired.</p>	<p>2.1 (e) PPR and DRF</p> <p>2.1 (f) Case Disposition Forms submitted to Program via secure e-mail</p> <p>2.1 (g) PPR</p> <p>2.1 (h) PPR</p>

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Deliverable– Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results – Hemoglobin Disease

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 3.1 -By June 30, 2023, each subrecipient will provide hemoglobinopathy follow-up services to non-newborns identified with or at risk for an abnormal hemoglobin disease or hemoglobin trait result. <i>A non-newborn is defined as an individual (newborn, infant, child, adult) born <u>before</u> the SFY 2023 reporting period (July 1, 2022 to June 30, 2023) who receive follow-up services from an RSCP or non-RSCP provider <u>during</u> the SFY 2023 reporting period.</i> Subrecipients will be expected to: (a) collect and report data variables on non-newborns, and (b) comply with statements of assurance as specified by ODH Program.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>	<p><u>Hemoglobin Disease Activities:</u></p>		<p>3.1 (a) The number of non-newborns identified with or at risk for an abnormal hemoglobin disease result who receive follow-up services during the reporting period.</p> <p>3.1 (b) The number of non-newborns with an abnormal hemoglobin disease result who are LTF.</p> <p>3.1 (c) The number of non-newborns with an abnormal hemoglobin disease result who expired.</p> <p><i>Continued on next page</i></p>	<p>3.1 (a) PPR and DRF</p> <p>3.1 (b) PPR</p> <p>3.1 (c) PPR</p> <p><i>Continued on next page</i></p>

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Sickle Cell Project: _____

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Deliverable– Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results – Hemoglobin Trait

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
Deliverable 3.1 (continued)	<u>Hemoglobin Trait Activities:</u>		<p>3.1 (d) The number of non-newborns identified with or at risk for an abnormal hemoglobin trait result who receive follow-up services during the reporting period).</p> <p>3.1 (e) The number of non-newborns with an abnormal hemoglobin trait result who are determined to be LTF.</p> <p>3.1 (f) The number of non-newborns with an abnormal hemoglobin trait result who expired.</p>	<p>3.1 (d) PPR and DRF</p> <p>3.1 (e) PPR</p> <p>3.1 (f) PPR</p>

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Deliverable- Objective 4: Participation on External Groups, Programs, or Organizations Representing Sickle Cell

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 4.1 - By June 30, 2023, subrecipient staff (<i>applicable core team staff</i>) will <u>actively participate</u> (<i>virtual and/or in-person</i>) on a minimum of one (1) group, program or organization (<i>external to the subrecipient agency</i>) that serves to impact the specific <u>health status</u> or <u>health system</u> concerns and/or priorities of Ohio individuals affected by sickle cell disease and other hemoglobinopathies. For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			<p>4.1 (a) The number of <i>external</i> groups, programs and/or organizations that subrecipient staff have <u>active participation</u> on during the reporting period.</p> <p>4.1 (b) The number and percent of meetings attended by subrecipient staff.</p>	<p>4.1 (a) External Meeting Verification Form</p> <p>4.1 (b) PPR</p>

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Deliverable- Objective 5: Implement/Participate in Sickle Cell Events Targeting Professionals

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 5.1 - By June 30, 2023, each subrecipient will implement/participate in education and/or awareness events <i>(utilizing various instructional formats)</i> <u>targeting</u> professionals in the region that service newborns/children/individuals/families identified with or at risk for hemoglobinopathies. This includes education and/or awareness events internal and external to the subrecipient agency.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			<p>5.1 (a) The number of education and/or awareness events implemented by subrecipient staff targeting professionals in the region.</p> <p>This includes education and/or awareness events internal and external to the subrecipient agency.</p> <p>5.1 (b) The number of professionals who attend education and/or awareness events implemented by subrecipient staff.</p>	<p>5.1 (a) DRF and MCHIDS/SCED</p> <p>5.1 (b) DRF and MCHIDS/SCED</p>

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Sickle Cell Project: _____

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Deliverable- Objective 5: Implement/Participate in Sickle Cell Events Targeting Professionals

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 5.2 - By June 30, 2023, subrecipient staff (<i>applicable core team staff</i>) may request travel to a National Sickle Cell Conference to present an accepted abstract for oral and/or poster presentation (<i>virtual or in-person</i>)</p> <p>Abstract topics for submission must be related to a deliverable service/activity/program currently funded by ODH Program under the Sickle Cell Initiative. The subrecipient will be expected to submit a draft copy of the proposed abstract to the ODH Sickle Cell Program Coordinator for review and approval prior to the conference “call for abstract” submission. For out-of-state travel, expenditures for one (1) subrecipient staff member will include allowable travel and expense reimbursement as outlined in the OBM Travel Rules. For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a select deliverable (Deliverable 5.2).</i></p>			<p>5.2. (a) Abstract for poster and/or oral presentation (<i>virtual and/or in-person</i>) submitted to ODH for approval prior to conference submission.</p> <p>Abstract topic(s) for submission must be related to services/activities/programs that are currently funded by ODH Program under the Sickle Cell Initiative.</p> <p>5.2 (b) Subrecipient staff present accepted abstract (poster and/or oral) at National Sickle Cell Conference.</p>	<p>5.2 (a) Approved abstract, acceptance letter</p> <p>5.2 (b) National Conference attendance document (e.g., certificate of attendance, registration receipt)</p>

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Deliverable- Objective 6: Implement/Participate in Sickle Cell Events Targeting the Public/Community in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 6.1 - By June 30, 2023, each subrecipient will ensure that education and/or awareness events to raise <u>public</u> and <u>community</u> awareness of hemoglobinopathies are implemented in the counties with the largest estimated number of sickle cell trait carriers (based on the percentage of Black or African Americans). The Ohio Black population percentage by county can be found at https://www.indexmundi.com/facts/united-states/quick-facts/ohio/black-population-percentage#table. The subrecipient will be expected to implement these events (<i>utilizing various instructional formats</i>) as follows: (a) throughout the current state fiscal year to various target audiences, (b) for National Sickle Cell Awareness Month (<i>September 1-30, 2022</i>), (c) during the state-designated Sickle Cell Sabbath weekend (<i>September 17-18, 2022</i>), and (d) for World Sickle Cell Awareness Day (<i>June 19, 2023</i>).</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>	<p><u>Required Activities:</u></p> <ul style="list-style-type: none"> Submit Event Listings for National Sickle Cell Awareness Month and World Sickle Cell Awareness Day. 		<p>6.1 (a) The number of education and/or awareness events implemented by subrecipient staff throughout the state fiscal year in the counties with the largest estimated number of sickle cell trait carriers.</p> <p>6.1 (b). The number of individuals who participate in education and/or awareness events implemented by subrecipient staff in identified counties.</p> <p>6.1 (c) The number of education and/or awareness events implemented by subrecipient staff during September 2022 National Sickle Cell Awareness Month.</p> <p><i>Continued on next page</i></p>	<p>6.1 (a) DRF and MCHIDS/SCED</p> <p>6.1 (b)DRF and MCHIDS/SCED</p> <p>6.1 (c) DRF and MCHIDS/SCED</p> <p><i>Continued on next page</i></p>

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

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Deliverable- Objective 6: Implement/Participate in Sickle Cell Events Targeting the Public/Community in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
Deliverable 6.1 (continued)			<p>6.1 (d) The number of individuals who attend education and/or awareness events implemented by subrecipient staff during National Sickle Cell Awareness Month.</p> <p>6.1 (e) The number of faith-based groups or institutions that participate in SCS activities during the state-designated weekend.</p> <p>6.1 (f). The number of individuals who participate in education and/or awareness events implemented by subrecipient staff during the state designated SCS weekend.</p>	<p>6.1 (d) DRF and MCHIDS/SCED</p> <p>6.1 (e) DRF and MCHIDS/SCED</p> <p>6.1 (f) DRF and MCHIDS/SCED</p>

ODH Program Title: Sickie Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

Project #: _____

Deliverable- Objective 6: Implement/Participate in Sickie Cell Events Targeting the Public/Community in the Counties with the Largest Estimated Number of Sickie Cell Trait Carriers

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
Deliverable 6.1 (continued)			<p>6.1 (g) The number of education and/or awareness events implemented by subrecipient staff during World Sickie Cell Day (<i>June 19, 2023</i>)</p> <p>6.1 (h). The number of individuals who attend education and/or awareness events implemented by subrecipient staff during World Sickie Cell Awareness Day (<i>June 19, 2023</i>).</p>	<p>6.1 (g) DRF and MCHIDS/SCED</p> <p>6.1 (h) DRF and MCHIDS/SCED</p>

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Deliverable- Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials.

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 7.1 – By June 30, 2023, each subrecipient will maintain a clearinghouse and resource center of hemoglobinopathy education materials for regional distribution to public and professional audiences. Education materials must be current, of professional quality, culturally, age, language, and literacy appropriate and available upon request. This deliverable includes materials that are purchased and/or printed through external vendors <i>(including digital and audio materials)</i> and internal departmental printing costs. The subrecipient will be expected to: (a) maintain informative content (approved by ODH Program) which outlines available hemoglobinopathy services/activities/programs, and (b) submit a resource listing of other educational materials available for regional distribution.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			<p>7.1 (a) (b) Educational materials are purchased, maintained and readily available for distribution by the subrecipient to public and professional audiences in the region.</p> <p>7.1 (c) Informative content maintained by subrecipient that outlines available hemoglobinopathy services/activities/programs.</p>	<p>7.1 (a) Vendor purchase/print invoice(s) submitted in in GMIS.</p> <p>7.1 (b) Resource listing of hemoglobinopathy educational materials maintained by subrecipient and submitted to ODH as requested.</p> <p>7.1 (c) Copy of approved informative content submitted in GMIS by October 10, 2022.</p>

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Sickle Cell Project: _____

Project #: _____

Deliverable- Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials.

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 7.2 - By June 30, 2023, each subrecipient may purchase medical and/or instructional supplies for operational maintenance and/or requirements. Limitations apply as follows: (a) Medical supplies are limited to those supplies required by a trained phlebotomist to perform hemoglobin testing at a designated location or at outreach education and/or awareness events, and (b) Instructional materials are limited to the purchase and distribution of thermometers or other items to parents/guardians of newborns/infants and individuals confirmed with a hemoglobin disease (<i>as applicable</i>). Medical and instructional supplies purchased under this deliverable must follow the OGAPP Manual for unallowable cost specifications for promotional items.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a select deliverable (Deliverable 7.2).</i></p>			<p>7.2 (a) The purchase of medical supplies required by the subrecipient to perform hemoglobin testing at designated locations or at outreach education events.</p> <p>7.2 (b) The purchase of instructional supplies required for distribution to parents/guardians of newborns/infants and individuals confirmed with a hemoglobin disease.</p>	<p>7.2 (a) Vendor purchase/print invoice submitted in GMIS</p> <p>7.2 (b) Vendor purchase/print invoice submitted in GMIS</p>

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

Project #: _____

Deliverable- Objective 8: Staff Professional Development

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
Deliverable 8.1 - By June 30, 2023, subrecipient staff (<i>applicable core team staff</i>) will complete a minimum of one (1) professional development activity to advance knowledge in areas related to hemoglobinopathies, newborn screening, hemoglobinopathy counseling, educational programming, health equity and/or culturally and linguistically appropriate service delivery. Activities under this deliverable include, but are not limited to conferences, seminars, workshops, trainings and/or course. For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan. Refer to Appendix B1 for complete deliverable language and reimbursement information.			8.1 The number and percent of subrecipient staff (<i>applicable core team staff</i>) who complete the minimum requirement in areas related to hemoglobinopathies, newborn screening, hemoglobinopathy counseling, educational programming, health equity and/or culturally and linguistically appropriate service delivery. This deliverable also includes activities related to unified communication methods and collaboration tools.	8.1 PPR and Professional Development Verification Form

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Sickie Cell Project: _____

Project #: _____

Deliverable- Objective 8: Staff Professional Development

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 8.2 - By June 30, 2023, subrecipient staff (<i>applicable core team staff</i>) will complete the Cincinnati Hemoglobinopathy Counselor Training Course (<i>presented by the Cincinnati Comprehensive Sickie Cell Center</i>). This deliverable requirement applies to subrecipient staff as follows: (a) NEW subrecipient staff within one year of employment and (b) EXISTING subrecipient staff with prior attendance greater than four (4) years. For reimbursement purposes, applicable core team staff must be listed under Deliverable 1.1 on the Deliverable-Objectives and Work Plan.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a select deliverable (Deliverable 8.2).</i></p>			8.2 The number and percent of NEW and/or EXISTING subrecipient staff (<i>applicable core team staff</i>) who complete the Cincinnati Hemoglobinopathy Counselor Training Course.	8.2 PPR and attendance documents (e.g., certificate of attendance, registration receipt)

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Sickle Cell Project: _____

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Deliverable- Objective 9: Data Collection and Reporting

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 9.1 - By June 30, 2023, each subrecipient will report progress on program performance measures utilizing the <u>Program Performance Report (PPR)</u>. The PPR must be submitted electronically in GMIS, either monthly or quarterly (<i>specify on subrecipient reimbursement type</i>), in the format specified by ODH Program.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			9.1 Subrecipient will report progress on performance measures utilizing the PPR.	9.1 PPR submitted in GMIS by the due date and in the format specified by ODH

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Sickle Cell Project: _____

Project #: _____

Deliverable- Objective 9: Data Collection and Reporting

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 9.2 – By June 30, 2023, each subrecipient will prepare and submit a <u>Minimum Data Set Report (MDSR) and Annual Report Worksheet (ARW)</u> for the preceding state fiscal year. The MDSR will report annual aggregate level data on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait. The ARW will report subrecipient information and/or significant accomplishments/achievements. Both the MDSR and ARW must be submitted electronically by the due date and in the format specified by ODH Program.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			<p>9.2 (a) Subrecipient will report aggregate level data on newborns and non-newborns as per deliverable requirements utilizing the MDSR.</p> <p>9.2 (b) Subrecipient will report information as per deliverable requirements utilizing the ARW.</p>	<p>9.2 (a) MDSR submitted electronically as specified by ODH</p> <p>9.2 (b) ARW submitted electronically by the due date and in the format specified by ODH</p>

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2022 to June 30, 2023**

Sickle Cell Project: _____

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Deliverable- Objective 10: Subrecipient Communication with ODH

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p>Deliverable 10.1 - By June 30, 2023, subrecipient staff (<i>applicable core team staff</i>) will participate in meeting formats (<i>in-person and/or virtual</i>) as required by ODH Program. <u>In-person meetings</u> will typically be held quarterly in Columbus. <u>Virtual meetings</u> will be held on the Microsoft Teams communication platform. Subrecipient staff will be expected in <u>engage</u> in the full functionality of the Teams. Call in (audio only) participation for MS Teams meetings will not be a reimbursable option under this deliverable. Reimbursable options will include meeting participation via the Teams app or Teams on the web. Subrecipients will also be expected to establish four (4) grant check-in meetings (<i>virtual</i>) with ODH Program during the grant period. <u>Applicable core team staff representation will be required at all meeting formats.</u></p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p>			10.1 Subrecipient core team staff representation required by ODH at all meeting formats.	10.1 Subrecipient staff will be required to participate in attendance verification methods (<i>e.g., sign-in sheet or roll call</i>) as specified by ODH