

MEMORANDUM

Date: August 16, 2021

To: Group Prenatal Care Initiatives: Competitive Applicants

From: Dyane Gogan Turner, Chief *DGT*
Bureau of Maternal, Child and Family Health
Ohio Department of Health

Subject: Notice of Availability of Funds- State Fiscal Year 2022
November 1, 2021 – June 30, 2022

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of funds to support the Group Prenatal Care Initiatives grant.

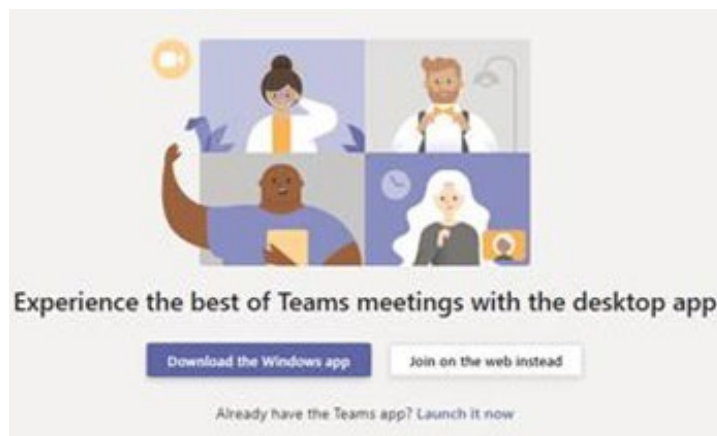
All applications and attachments are due by 4:00 p.m. on Tuesday, September 7, 2021. Electronic applications received after Tuesday, September 7, 2021 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Tuesday, August 31 from 12:30pm to 2:00 p.m.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjY4ZmFmZjAtMTFkNS00MTgxLTljOWYtNTYwMDFmOWJlYTE0%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22964f288d-c1c8-42b1-94c9-5e8ddba7d4e6%22%7d

Call-in information: (614) 721-2972, Phone Conference ID: 447 462 139#

*ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" below. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead" (screenshot below). There is also a call-in number below if you do not plan to use your device's audio. **Please note, this program works best in Google Chrome.***



The Bidders' Conference will attempt to be recorded, but we cannot guarantee the availability of a recording.

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Friday, August 27, 2021 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Friday, August 27, 2021 to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Melissa Kuhn, by e-mail at Melissa.Kuhn@odh.ohio.gov or by phone at (614) 466-1349.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF MATERNAL, CHILD AND FAMILY HEALTH

**GROUP PRENATAL CARE INITIATIVES: COMPETITIVE
SOLICITATION FOR FISCAL YEAR 2022
(11/01/2021-06/30/2022)**

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 12/02/2019

For grant starts 10/1/2019 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Friday, August 27, 2021 so access to the application via the Internet website “ODH Application Gateway” can be established.

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

This information is maintained 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.

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures

Manual (OGAPP)) or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual>.

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of 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. Application Name: Group Prenatal Care Initiatives: Competitive

C. Purpose:

Prematurity (born before 37 weeks of gestation) continues to be the leading cause of infant death in Ohio, consistently accounting for approximately 30% of infant deaths. In 2019, Black infants died more than 2.8 times more often due to prematurity-related conditions than White infants (4.0 and 1.4, respectively). Thus, prevention of prematurity, particularly among Ohio's Black mothers, continues to be a state health priority.

Data regarding prematurity in rural geographies can be challenging to report due to small numbers that require suppression. However, research shows smoking during pregnancy is a contributing risk factor to preterm birth. In Ohio a larger percentage of women who give birth in rural counties smoke during the first trimester compared to women who give birth in other types of counties (i.e. large metro, metro, micropolitan, rural). In 2019 17.9% of birthing women in rural counties smoked in their first trimester compared to 7.7% of birthing women in large metro counties. Additionally, a larger portion of birthing women in rural counties received no 1st trimester prenatal care compared to birthing women in large metro counties, 28.7% and 26.3% respectively.

Part of the challenge in prematurity prevention is correctly identifying at-risk mothers. Prior preterm birth is a strong and easily identified risk factor for future preterm births. Thus, screening for prior preterm birth is currently the primary way to identify a pregnant woman in need of medical intervention to prevent premature birth. However, in Ohio in 2019, 87% of preterm births were to women who had not had a previous preterm birth. Thus, only screening for prior preterm birth would not capture most women who may benefit from intervention to prevent preterm birth.

To reduce prematurity on a population-level, intervention efforts must extend beyond women with a prior preterm birth and focus on the women most vulnerable to experience a preterm birth. The state has identified group prenatal care as a promising intervention with the potential to reduce prematurity, and more importantly racial disparities in prematurity, at the population-level.

Stark disparities in prematurity are the primary contributor to widening disparities in Ohio's infant mortality rate. By addressing both health and social factors that contribute to adverse birth outcomes, group prenatal care has the opportunity to reduce disparities in prematurity.

D. Qualified Applicants:

Entities eligible to apply for these funds must meet the following criteria:

- Medical practices, including those operated by or employing one or more physicians, physician assistants, certified nurse-midwives, certified nurse practitioners or clinical nurse specialists; or healthcare facilities.
- Must demonstrate:
 - Ability to provide prenatal care in a group setting;
 - Has the space to host groups of at least 12 pregnant women;
 - While applicable, must be able to abide by all COVID-19 social distancing requirements. If unable to meet social distancing guidelines should have the capacity to, or effectively plan for, virtual or telehealth group prenatal care sessions.
 - Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis;
 - Provides prenatal care or must provide prenatal care within 6 months of the grant award; and
 - Integrates health assessments, education and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills and participate in group discussion.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
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 Tuesday, September 7, 2021.**

E. Service Area: Service areas will be determined by subrecipients use of data to describe and justify the geographic area to be served.

During the grant year ODH will provide preterm birth data and technical assistance to strengthen providers' awareness and efforts to identify and serve women from neighborhoods most vulnerable to experience preterm births.

Consider using the Centers for Disease Control and Prevention Social Vulnerability Index when determining your priority service areas. The index is available here: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

F. Number of Grants and Funds Available:

State General Revenue funds will support the subgrant program.

Up to six awards will be awarded for a total amount of \$300,000. The number of awards available will be determined based on the number of applications received.

Applicants may apply for all four scopes of work but can apply for as few as one scope of work.

Maximum funding amounts per applicant and scope will be determined based on applications received. But applications are recommended to fall below a \$100,000 threshold.

*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.*

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. by Tuesday, September 7, 2021**. Applications and required attachments received after this deadline will not be considered for review.

Contact Melissa Kuhn at Melissa.Kuhn@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 110.

I. Goals:

- Improve birth outcomes and reducing disparities in poor birth outcomes.
- Improve maternal health outcomes.
- Achieve patient satisfaction with group prenatal care services.

J. Program Period and Budget Period: The program period will begin November 1, 2021 and end on June 30, 2023. The budget period for this application is November 1, 2021 through June 30, 2022.

Entities are eligible to receive one year of competitive funding and one year of continuation funding. No funded entity will receive more than two program periods of funding. (Subject to change based on the availability of funding.)

K. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)] The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

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

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

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

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. This grant opportunity should prioritize women who identify as Black/African American.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, 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, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that **best** reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

N. 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.

☒ X Applicable ☐ Not Applicable to Group Prenatal Care Initiatives: Competitive

O. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Melissa Kuhn, Melissa.Kuhn@odh.ohio.gov.

Additional programmatic technical assistance will be provided throughout the grant year. Funded entities are expected to participate in these opportunities. Examples of potential technical assistance include: 1:1 meetings w/ subgrant team and ODH, learning collaboratives inclusive of all funded entities, once-a-year or end-of-year monitoring, etc.

Q. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

R. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, September 7, 2021 at 4:00 p.m.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

S. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

T. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

U. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;

6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria (if applicable) *[Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.]*

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

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C. 552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

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

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, Program Group Prenatal Care Initiatives: Competitive."

- X. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

Reports shall be submitted as follows:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. [Additional language is optional] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
November 1 – December 31, 2021	January 10, 2022
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022

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

Period	Report Due Date
November 1 – 30, 2021	December 10, 2021
December 1 – 31, 2021	January 10, 2022
January 1 – 31, 2022	February 10, 2022
February 1 – 28, 2022	March 10, 2022
March 1 – 31, 2022	April 10, 2022
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
November 1 – December 31, 2021	January 10, 2022
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022

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, 2022. 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 the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

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

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

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

12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
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; and
16. Providing clinical prenatal care services.

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

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

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

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

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program
 - If applicable, demonstrates a curriculum for a group prenatal care model (that is not CenteringPregnancy® or Supportive Pregnancy Care™) through a detailed outline of specific medical and social topics to be covered during prenatal (starting in the first trimester) and postpartum (through 12 months) care.

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit
(latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants Services Unit
Central Master Files, 4th Floor 35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

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

B. Budget: Prior to completion of the budget section, please review page 11-12 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on the GMIS bulletin board posted 3/13/20 titled "Updated Budget Justification Templates.")
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period November 1, 2021 to June 30, 2022.

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

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

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

D. Project Narrative:

1. **Executive Summary:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.
2. **Objectives and Work Plan:** In workplan form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, identify measures for how program activities are designed to address these issues. Include due dates and responsible parties.

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

F. **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://beta.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.)

G. **Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies 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 Tuesday, September 7, 2021.**

- Workplan
- If applicable, letter(s) of support from participating partners clearly describing each partner's role in achieving qualification status.

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training Form
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D. Application Review Form
- E. Deliverables & Required Validation
- F. Workplan Template
- G. Sample Monitoring Tool
- H. Monthly Report Template
- I. Scope 2 Quarterly Reporting Template
- J. Scope 2 Quarterly Cohort Tracker
- K. Scope 3 Aggregate Incentive Tracker
- L. Scope 3 Incentive Purchase and Distribution Log

Appendix A

Reimbursement
Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of
Bureau of Maternal, Child and Family Health

ODH Program Title:

Group Prenatal Care Initiative: Competitive (PC22)

Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

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

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO melissa.kuhn@odh.ohio.gov BY 4:00PM ON FRIDAY, AUGUST 27, 2021.

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

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

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

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

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

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

Effective/Change Date: _____

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

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Appendix C1- Objective Descriptions

Name of Subgrant Program: Group Prenatal Care Initiatives

Budget Period: November 1, 2021 – June 30, 2022

of Deliverables: 12

Use Budget Justification Scenario #: 1 Deliverable Funding Only

100% Deliverables

This competitive grant supports three scopes of work – 1) plan group prenatal care 2) provide group prenatal care, and 3) enhancements to group prenatal care.

REQUIRED BY ALL SUBGRANTEES (Del. 1-5)

Deliverable 1: Submit a workplan

Prenatal care providers can apply for funds to support the establishment or expansion of group prenatal care.

Qualifying group prenatal care models include CenteringPregnancy © (<https://www.centeringhealthcare.org/>; hhighland@centeringhealthcare.org) and Supportive Pregnancy Care (<https://www.marchofdimes.org/supportive-pregnancy-care/supportive-pregnancy-care.aspx#>; LHolloway@marchofdimes.org).

Other group prenatal care models will be considered for approval based on the following criteria:

- Demonstrates a curriculum for a group prenatal care model through a detailed outline of specific medical and social topics to be covered during prenatal (starting in the first trimester) and postpartum (through 12 months) care.
 - Standard prenatal and post-partum medical care; and
 - Prenatal and postpartum topics specific to reducing stress/anxiety, increasing social and community support, and addressing other social determinants of health (e.g., alcohol and substance abuse prevention, mental health, law enforcement, health care access, healthy housing, food insecurity, homelessness, or the built environment).
- Describes risk screening and physical assessment.
- Identifies expected outcomes of proposed programming.
- Describes data collection and reporting specific to the proposed model:
 - Variables for data collection;
 - Capacity for data collection; and
 - Capacity for meeting reporting requirements described in the RFS.

All subgrantees must provide education on tobacco cessation, safe sleep and breastfeeding. All subgrantees must also offer referrals to other care services as needed (e.g., evidence-based home visiting, WIC, Pathways HUB, smoking cessation, mental health/addiction counseling, etc.). All women served must be referred to the [Help Me Grow Central Intake and Referral System](#) and WIC. ODH will provide technical assistance on referrals to both.

Funds cannot support the reimbursement of clinical care.

Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. If applying for scope 2 and utilizing the March of Dimes Supportive Pregnancy Care model, included in the workplan must be March of Dimes' Support Pregnancy Care Readiness Assessment, located at <https://www.marchofdimes.org/materials/Organization%20readiness%20and%20information%20form.pdf>. If applying

for scope 2 and utilizing the Centering Pregnancy model, included in the workplan must be Centering Healthcare Institute's Readiness Assessment, located at <https://www.centeringhealthcare.org/start-centering>.

A sample workplan template can be found in Appendix F.

If seeking funds for Scope 2: provide group prenatal care, must identify projected number of cohorts and sessions to be held. If victims of human trafficking are included in priority population as referenced on p. 7 of RFP, integrate this work into workplan.

Validation: Workplan submitted

Deliverable 2: Submit monthly progress reports

By the 10th of each month, submit complete and accurate required monthly reporting templates provided by ODH. Reporting requirements will include: project progress (narrative); project challenges (narrative); expenditures and data variables identified in the data collection section applicable to your funded scope(s) of work appropriate for monthly reporting.

See Appendix H for monthly reporting template.

Validation: Complete and accurate monthly progress and expenditure (monthly or quarterly based on reimbursement selected) reports submitted.

Deliverable 3: Submit quarterly data reports

Submit appropriate quarterly data reports and a current workplan with progress to date (all Scopes).

Scope 2 funded entities may submit data utilizing a format required by their funded model. Any outstanding data requirements may be submitted separately.

Reporting requirements will include data variables identified in the data collection section applicable to your funded scope(s) of work. Workplan update should include: action steps for scope of work/deliverables (including status and description, target date for completion, completion date, % achieved); successes, challenges, and how challenges will be addressed; and identify workplan changes, if applicable.

Due quarterly by scope:

- All scopes
 - Current workplan with progress to date; changes to workplan should be highlighted and noted.
- Scope 2
 - Scope 2 Quarterly Reporting Template (provided by ODH; Appendix I)
 - Cohort tracker (provided by ODH; Appendix J)
- Scope 3
 - Non-incentive enhancements – completed applicant-designed reporting template
 - Incentive enhancements - completed Aggregate Incentive Tracker (provided by ODH; Appendix K)

Validation: Complete and accurate data report and current workplan with progress to date identified for all activities. Changes to workplan should be highlighted and noted.

Deliverable 4: Submit a sustainability plan

Provide a sustainability plan outlining support for all funded scopes beyond the grant period.

Validation: Sustainability plan submitted.

Deliverable 5: Submit a final report

Submit a final, cumulative data report reflective of the total grant period. Submit a final workplan progress update (including status and description, completion date, % achieved) and accompanying narrative summarizing final achievement of grant activities. Final report must include a narrative inclusive of key achievements, lessons learned, next steps and proposed sustainability, at a minimum. If applicable, entities must validate sustainability through insurance reimbursement for group prenatal care services by the close of the continuation grant year.

Validation: Final report submitted.

SCOPE 2: PROVIDE GROUP PRENATAL CARE SERVICES (Del. 6-9)

Deliverable 6: Submit staffing plan

Develop and maintain staffing plan that includes identification and documentation of adequate training for all project staff, including program coordinator, facilitator(s), and data (collection and reporting).

Validation: Q1 Submission of position descriptions, resumes (inclusive of qualifications) and required trainings, as well as contact information for all staff identified in staffing plan. Must include at a minimum: program coordinator, facilitator(s), data (collection and reporting).

Q2, Q3 Reimbursement will be based on quarterly submission of a current staffing plan in which all positions are addressed. (No need to submit position descriptions, resumes and previously described trainings unless you have updates to share on team members.)

Deliverable 7: Recruit and enroll group prenatal care patients to participate in the program

Develop an outreach plan for effectively recruiting and enrolling group prenatal care patients. Plan should address how you will reduce barriers to reach those at highest risk of poor birth outcomes.

Validation: Provide the outreach plan.

Deliverable 8: Schedule group prenatal care sessions

Schedule group prenatal care sessions. Subrecipient should consider barriers and cultural needs of the priority population and whether group during non-business hours would increase effectiveness of patient recruitment and retention.

(Asking for accommodations during scheduling is considered best practice and will ensure that people with disabilities can participate in the prenatal care sessions.)

Validation: Submission of session schedule inclusive of all sessions supported by these grant dollars as outlined in workplan.

Deliverable 9: Conduct group prenatal care sessions

Within the first seven months of the project period, begin implementation of group prenatal care sessions to identified model fidelity. Reimbursement will be provided in response to each validated session held.

Validation: Submission of documentation of session(s) held, including date, time, participant numbers, and topics

covered.

SCOPE 3: ENHANCEMENTS (Del. 10-11)

Deliverable 10: Group prenatal care enhancements

Funds may be used to enhance existing group prenatal care services to support client enrollment and retention through one or more of the following: virtual/remote group prenatal care, staff training, childcare, transportation, accessibility (including response to COVID-19) and client incentives. Provide all tools used to collect and report approved data metrics.

Non-incentive Enhancements:

- Receipts and/or validation must be provided for any non-incentive enhancements purchased with these dollars.
Examples:
 - Receipts of purchase of equipment to support virtual/remote group prenatal care: tablets, blood pressure cuffs, scales, etc.
 - Receipts of cost of training
 - Validation of costs of childcare provided or purchased
 - Validation of costs of transportation provided or purchased

Incentives:

- Allowable incentives include and are limited to diapers, baby wipes, phone/gas/gift/data cards for program participants.
- Subrecipients will be reimbursed based on the total amount of incentives distributed during the billing period.
- Reimbursement will be based on submission of a monthly log of incentives distributed with the following information (log template provided by ODH):
 - Date incentive provided to client
 - Client identifier (personal identifying information should be kept on record with the funded entity, but not submitted to ODH)
 - Previous incentives received during the grant period with these funds (i.e. cumulative amount of incentives received)
 - Type of incentive provided (diapers, baby wipes, phone/gas/gift/data cards)
 - Value of incentive(s) provided
 - Card identification number
 - Reason for incentive: recruitment or retention
 - Name of staff member distributing incentive
 - Type of client confirmation for receipt of incentive (can be confirmed through electronic means such as an email or text confirmation, or a physical signature and date)
- In addition, subrecipients must adhere to the procedures below. This documentation does not need to be submitted to ODH but should be kept on file and readily available if requested.
 - Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive
 - A log of incentives purchased that includes type of incentives purchased, number purchased, unit cost, and total cost
 - Receipts of incentives purchased

Subrecipients will be reimbursed monthly (or quarterly for those that submit quarterly expenditure reports) based on incentives distributed in compliance with the required reporting guidance above. Subrecipients seeking reimbursement quarterly are still required to submit incentive reporting monthly.

Reimbursement will be provided based on reported costs of enhancements distributed.

Validation: Submission of finalized data collection tools and required reporting. Receipts and/or validation must be provided for any non-incentive enhancements purchased with these dollars. For incentives, use appendix L – Incentive Purchase and Distribution Log. Total amount requested for reimbursement of incentives distributed will be entered into GMI Sand must match submitted logs.

Deliverable 11 Develop group prenatal care enhancements data collection tool(s)

For non-incentive enhancements only, design data collection tool(s) required to measure activities approved for Scope 3: Enhancements funding. Subgrantees are responsible for designing appropriate monthly or quarterly templates for reporting relevant data reflective of activities and/or supports supported by Scope 3. Any non-incentive purchases will require proof of purchase/receipt.

All data collection tools must include race and ethnicity.

Examples of potential reporting variables:

- virtual/remote group prenatal care
 - proof of purchase of necessary supplies
- staff training
 - proof of staff attendance
- childcare
 - data reflecting childcare supports and number of children served
- transportation
 - data reflecting method of transportation provided, number of women served, etc.

Validation: Submission of finalized data collection tool(s).

SCOPE 1: PLANNING (Del. 12)

Deliverable 12: Develop a plan for providing group prenatal care

Develop a workplan for implementing group prenatal care in year 2 of the grant period. Plan should be different from your application workplan. Funds in this deliverable may be used for costs associated with receiving consultation and technical assistance to plan for group prenatal care as approved by ODH.

This plan should be different from your Deliverable 1 workplan. The Deliverable 1 workplan should be inclusive of all planning activities proposed to prepare for providing group prenatal care as outlined in your final implementation workplan.

Validation: Implementation workplan submitted; if applicable, any dollars spent on consultation or technical assistance will also require validation of spending by providing the contract, purchase order, invoice or other approved validating documentation of consultation and/or technical assistance services rendered.

Appendix C2- Objective Allocations

Name of Subgrant Program: Group Prenatal Care Initiatives

Budget Period: November 1, 2021 – June 30, 2022

of Deliverables: 12

Use Budget Justification Scenario#: 1 Deliverable Funding Only

100% Deliverables

	Deliverable 1 (Workplan)	Deliverable 2 (Monthly progress reports)	Deliverable 3 (Quarterly data reports)	Deliverable 4 (Sustainability plan)	Deliverable 5 (Final report)
Subrecipient (Number of subrecipients TBD)	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH
Total	TBD	TBD	TBD	TBD	TBD
	Deliverable 6 (Staffing plan)	Deliverable 7 (Recruit and enroll)	Deliverable 8 (Schedule sessions)	Deliverable 9 (Conduct sessions)	Deliverable 10 (Enhancements)
Subrecipient (Number of subrecipients TBD)	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH
Total	TBD	TBD	TBD	TBD	TBD
	Deliverable 11 (Enhancements data collection tool)	Deliverable 12 (Implementation Plan)			
Subrecipient (Number of subrecipients TBD)	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH			
Total	TBD	TBD			

Appendix D- Scoring Rubric

Applicant Information	
Applicant Agency: GMIS #:	Amount Requested:
	Scope 1 - Planning
	Scope 2- Establishment/Expansion:
	Scope 3 - Enhancements:
	Total:

Required Components	Provided	Comments
Budget Justification	<input type="checkbox"/>	
GMIS Budget	<input type="checkbox"/>	
Workplan	<input type="checkbox"/>	Must include each applied SOW
Executive Summary		
Attachments (if applicable)		If applicable, demonstrate a curriculum for a group prenatal care model (that is not CenteringPregnancy® or Supportive Pregnancy Care™) through a detailed outline of specific medical and social topics to be covered during prenatal (starting in the first trimester) and postpartum (through 12 months) care.

Criteria	Max Review Score	Reviewer Score	Comments
Executive Summary			
Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.	5		
Workplan			
Indicates entity's capacity to complete the project by the deliverable due dates.	5		
Clearly identifies SMART objectives and activities designed to accomplish program goals. Objectives should include: <ul style="list-style-type: none"> # of pregnant women to be impacted by proposal Strategies to reduce health inequities 	6		
Describes plan for accomplishing objectives, including timelines and staff responsible for activities.	5		
Clearly indicates scope(s) of work	2		
Activities in the workplan are reflective of applicant's proposed scope of work, including SMART objectives.	5		

Indicates how objectives will be evaluated to determine the program's success.	5		
Applicant identifies metrics to measure impact. Metrics are based on data elements that can be measured for the duration of the project.	5		
Indicative of organization's overall project plan to meet deliverables including project objectives.	2		
Work plan is reflective of deliverables and objectives listed in the budget justification.	5		
Activities address barriers and/or reflect the cultural needs of the target population.			
Budget			
Budget elements are consistent with other information in application (e.g., workplan, GMIS budget and budget justification).	5		
Deliverable objective descriptions and allocations are consistent with Appendices B1, B2, and E in the Solicitation.	3		
Applicant includes the required certification language on the budget justification narrative. Budget justification is signed.	2		
BONUS			
Victims of human trafficking are a priority population of the applicant and proposed efforts are demonstrated in work plan.	2		
Identified target area and/or population by using local or program data.	2		
Validation that staff is trained in cultural competency and/or is a cultural peer of the target audience.	2		
Staff experienced in serving priority populations.	2		
TOTAL	55		

Final Recommendation for Funding

- ☐ Approval and funding of application as submitted (no program special conditions)
- ☐ Approval and funding of application with special conditions:

- ☐ Disapproval of application as submitted.

Comments:

Final Approver Signature: _____

Date: _____

Appendix E- Deliverables and Required Validation

Please note deliverables 1-5 apply to all funded entities; deliverables 6-12 are associated with specific scopes of work (Scopes 1-3).

Deliverable Number	Deliverable & Validation	Due Date(s)	Cost & Frequency
All subgrantees			
1	Submit a final workplan inclusive of all funded scopes of work <ul style="list-style-type: none"> Workplan submitted 	Within 30 days of the start of the grant	Amt. to be determined by applicant and approved by ODH 1
*2	Submit monthly progress reports <ul style="list-style-type: none"> Monthly progress report submitted 	10 th of each month	Amt. to be determined by applicant and approved by ODH 8
*3	Submit quarterly reports <ul style="list-style-type: none"> Quarterly data reports submitted (Scopes 2, 3) Current workplan with progress to date submitted; changes to workplan should be highlighted and noted (all scopes) submitted 	10 th of January, April, July	Amt. to be determined by applicant and approved by ODH 3
4	Submit a sustainability plan inclusive of all funded scopes of work <ul style="list-style-type: none"> Sustainability plan submitted 	June 10, 2022	Amt. to be determined by applicant and approved by ODH 1
*5	Submit a final report inclusive of all funded scopes of work <ul style="list-style-type: none"> Final report submitted Final workplan with progress on all activities documented 	July 10, 2022	Amt. to be determined by applicant and approved by ODH 1
Scope 2: Provide group prenatal care services			
6	Submit a staffing plan	Within 30 days of the	Amt. to be determined by

	<ul style="list-style-type: none"> Submission of position description, resume and required trainings, as well as contact information for all staff identified in staffing plan. (Must include at a minimum: program coordinator, facilitator(s), data (collection and reporting). Submission of a quarterly staffing plan 	<p>start of the grant</p> <p>10th of January, April, July</p>	<p>applicant and approved by ODH</p> <p>3</p> <p>Reimbursement will be based on quarterly submission of a current staffing plan in which all positions are addressed.</p>
7	<p>Recruit and enroll prenatal care patients to participate in the program</p> <ul style="list-style-type: none"> Provide an outreach plan 	Within 7 months of the start of the grant	<p>Amt. to be determined by applicant and approved by ODH</p> <p>1</p>
8	<p>Schedule group prenatal care sessions</p> <ul style="list-style-type: none"> Submission of session schedule 	Within 7 months of the start of the grant	<p>Amt. to be determined by applicant and approved by ODH</p> <p>1</p>
9	<p>Conduct group prenatal care sessions</p> <ul style="list-style-type: none"> Submission of validation of session(s) held and topics covered. Reimbursement will be provided per session held. <ul style="list-style-type: none"> Subgrantee must identify number of anticipated sessions to be held during grant year—this will serve as the number of units associated with this deliverable. 	Within 7 months of the start of the grant	Amt. and frequency to be determined by applicant and approved by ODH
Scope 3. Group Prenatal Care Enhancements			
10	<p>Provide group prenatal care enhancements</p> <ul style="list-style-type: none"> Submission of finalized data collection tools and required reporting. Submission of data collection tool with required data <ul style="list-style-type: none"> Reimbursement will be provided based on reported costs of incentives distributed or enhancements purchased. 	<p>Within 7 months of the start of the grant</p> <p>10th of each month</p>	Amt. and frequency to be determined by applicant and approved by ODH
11	For non-incentive enhancements only, design data collection tool(s) required to measure activities approved for Scope 3: Enhancements funding. Subgrantees are responsible for designing	Within 2 months of the start of the	Amt. to be determined by applicant and

	appropriate monthly or quarterly templates for reporting relevant data reflective of activities and/or supports supported by Scope 3. Any non-incentive purchases will require proof of purchase/receipt.	grant	approved by ODH 1
Scope 1: Planning			
12	Develop a workplan inclusive of all planning activities proposed to prepare for providing group prenatal care. Plan should be different from your application workplan. Funds in this deliverable may be used for costs associated with receiving consultation and technical assistance to plan for group prenatal care as approved by ODH. <ul style="list-style-type: none"> • Submit a group prenatal care implementation plan 	June 30, 2022	Amt. to be determined by applicant and approved by ODH 1

Appendix F- Workplan Template

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
Goal 1:					
SMART Objective 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
SMART Objective 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
SMART Objective 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

Appendix G- Sample Monitoring Tool

<p align="center">Ohio Department of Health</p> <p>Group Prenatal Care Initiatives: Competitive (PC22) Monitoring Review</p> <p>Date _____</p> <p>Subrecipient _____</p> <p>GMIS Project Number _____</p> <p>Program Consultant _____</p>							<p>Total number of indicators:</p> <p>Met:</p> <p>Partially Met:</p> <p>Not Met:</p> <p>N/A:</p>
Standard/Criterion	Reference	Benchmarks	Standard/Criterion Status				Comments
			Met	Partially Met	Not Met	N/A N/R	
Administrative							
Special conditions	GMIS	Timeliness and completeness of responses.					
Quarterly and monthly program reports submitted in GMIS by deadlines.	PC22	Completed quarterly and monthly program reports submitted in GMIS by deadlines.					
Expenditure reports submitted in GMIS by deadlines.	PC22	Completed expenditure reports submitted in GMIS by deadlines.					
Expenditure reports submitted are accurate and reflective of deliverable(s) met.	GMIS	Expenditure reports submitted include payment requests reflective of deliverables met.					
Program							
Agency demonstrated progress towards work plan goals and objectives.	PC22, GMIS, work plan	Documentation and communications with ODH demonstrated progress towards work plan objectives, including data to support progress.					

		<p>Activities of work plan were completed by proposed timeline end date. If not completed, barriers or challenges were communicated, or a change in strategy was communicated to ODH and updated on work plan.</p> <p>Activities of PC22 work plan due to be completed (by date of monitoring) were completed.</p>					
Grant deliverable(s) met by deadlines.	GMIS	Appropriate documentation demonstrating deliverable requirement(s) submitted in GMIS by deadline(s).					

<p>Del. 1 Workplan</p> <p>Due: 8/10/21 Submitted:</p>	PC22	<p>Provide a comprehensive workplan for implementation of all scopes of work for which funding was received. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success.</p>					
<p>Del. 2 Monthly reports</p> <p>Due: by 10th of the following month Submitted:</p>	GMIS, PC22	<p>Submit complete and accurate required reporting template provided (Scope 2) or approved (Scope 3) by the 10th of each month. Reporting requirements will include: project progress (narrative); project challenges (narrative); and data variables identified in the data collection section applicable to your funded scope(s) of work appropriate for monthly reporting.</p>					

Del. 3 Quarterly data reports Due: 10th of January, April, July Submitted:	GMIS, PC22	Submit quarterly data reports (Scopes 2, 3) and a current workplan with progress to date (all Scopes).					
Del. 4. Submit a sustainability plan Due: June 10, 2022 Submitted:	PC22	Provide a sustainability plan outlining support for all funded scopes beyond the grant period.					
Del. 5 Final report Due: July 10, 2022 Submitted:	PC22	Submit a final, cumulative data report reflective of the total grant period. Submit a final workplan progress update (including status and description, completion date, % achieved) and accompanying narrative summarizing final achievement of grant activities. Final report must include a narrative inclusive of key achievements, lessons learned, next steps and proposed sustainability, at a minimum.					
Scope 1: Planning							

<p>Del. 12 Develop a plan for providing group prenatal care</p> <p>Due: 6/30/22 Submitted:</p>	PC22	<p>Develop a workplan inclusive of all planning activities proposed to prepare for providing group prenatal care. Plan should be different from your application workplan. Funds in this deliverable may be used for costs associated with receiving consultation and technical assistance to plan for group prenatal care as approved by ODH.</p> <p>This plan should be different from your Deliverable 1 workplan. The Deliverable 1 workplan should outline the process of developing a plan for submission to meet this deliverable.</p>					
Scope 2: Provide Group Prenatal Care Services (establish or expand)							
<p>Del. 6 Submit a staffing plan</p> <p>Due: 8/10/21 Submitted:</p>	PC22	<p>Develop and maintain staffing plan that includes identification and documentation of adequate training for all project staff, including program coordinator, facilitator(s), and data (collection and reporting).</p>					
<p>Del. 7 Recruit and enroll group prenatal care patients to participate in the program</p> <p>Due: 2/10/22 Submitted:</p>	PC22	<p>Develop an outreach plan for effectively recruiting and enrolling group prenatal care</p>					

		patients. Plan should address reaching those at highest risk of poor birth outcomes.					
Del. 8 Schedule group prenatal care sessions Due: 2/10/22 Submitted:	PC22	Schedule group prenatal care sessions. When developing schedule, subrecipient should consider need of priority population and whether group during non-business hours would increase effectiveness of patient recruitment and retainment.					
Del. 9 Conduct group prenatal care sessions Due: 2/10/22 Submitted:	PC22	Within the first seven months of the project period, begin implementation of group prenatal care sessions to identified model fidelity. Reimbursement will be provided in response to each validated session held.					
Scope 3: Enhancements							
Del. 10 Group prenatal care enhancements Due: 2/10/22 Submitted:	PC22	Funds may be used to enhance existing group prenatal care services to support client enrollment and retention through one or more of the following: virtual/remote group prenatal care, staff training, childcare, transportation, accessibility (including					

		<p>response to COVID-19) and client incentives. Provide all tools used to collect and report approved data metrics.</p> <p>Reimbursement will be provided based on reported costs of enhancements purchased or incentives distributed.</p>					
<p>Deliverable 11: Develop group prenatal care enhancements data collection tool(s)</p> <p>Due: 9/10/22</p> <p>Submitted:</p>	PC22	<p>Design data collection tool(s) required to measure activities approved for Scope 3: Enhancements funding. Subgrantees are responsible for designing appropriate monthly or quarterly templates for reporting relevant data reflective of activities and/or supports supported by Scope 3. Any non-incentive purchases will require proof of purchase/receipt.</p>					

Appendix H- Monthly Reporting Template (All Scopes)

Excel template will be provided to funded entities prior to start of the grant year.

**This reporting template is subject to change*

PC22 Monthly Progress Report Date: July 2021
Subrecipient:

Project Progress (All Scopes)

Project Challenges (All Scopes)

Appendix I- Scope 2 Quarterly Reporting Template

Excel template will be provided to funded entities prior to start of the grant year.

**This reporting template is subject to change*

PC22 Quarterly Data: Scope 2	Q1	September 2021
Subrecipient:		
<i>Note: the data included below should only be representative of activities that occurred during Quarter 1</i>		

Cohort Data	
Variable	Count
Number of cohorts initiated	
Number of cohorts completed	
Total number of group prenatal care sessions hosted (all cohorts combined)	

Women Served			
<i>Please review the notes provided with each variable for guidance on consistent data collection</i>			
Variable	Black	White	Other
Total number of women served			
Total number of NEW women served			
Total number of women who completed group prenatal care (completed as defined by approved group prenatal care model--total number of sessions: X)			
At completion of cohort, average number of sessions attended per woman			
Cohort 1			
<i>All women ; Insert cohort completion date</i>			
<i>By race</i>			
Cohort 2			
<i>All women ; Insert cohort completion date</i>			
<i>By race</i>			

NEW Women Served*Total number of NEW women served (line 14) broken out by variables in this section*

Variable	Black	White	Other
Disability			
No			
Yes			
Age			
<18			
18-24			
25-34			
35+			
Education Level			
<High School			
High School Diploma, GED			
Some College, No Degree			
Associates Degree			
Bachelor's Degree			
Master's Degree			
Doctoral or Professional Degree			
Ethnicity			
Non-Hispanic/Non-Latinx			
Hispanic/Latinx			
Insurance Type			
Medicaid			
Private Insurance			
Other Public Insurance			
Referrals Provided			
WIC			
HV			
Current Smoking Status			
Yes			
No			

Birth Outcomes of Women Served

Of women served during the grant year (9/1/20-6/30/20); only include birth outcomes that occurred during the reporting period; each birth should only be represented a single time during the grant year-- count each baby separately if multiples occurred; variables based on mom's race.

Variable	Black	White	Other
Total number of live births			
Number of babies born to program participants <28 weeks preterm			
Number of babies born to program participants 28 to <32 weeks preterm			
Number of babies born to program participants 32 to <37 weeks preterm			
Number of babies born to program participants weighing <2500 grams			
Number of babies born to program participants weighing <1500 grams			
Number of babies admitted to NICU			
Number of fetal deaths			
Number of infant deaths			
Number of vaginal deliveries			
Number of Cesarean deliveries			
Breastfeeding initiation			
Exclusively breastfeeding at hospital discharge			
Attended postpartum visit			

Insert approved data collection re: quality of prenatal care (as designed by applicant)- social support, cultural sensitivity, perceived bias, patient satisfaction

Appendix J- Scope 2 Quarterly Cohort Tracker

Excel template will be provided to funded entities prior to start of the grant year.

**This reporting template is subject to change*

Scope 2: Group Prenatal Care Services Deidentified Session Attendance Tracking Sheet

Note: Attendance sheets should be submitted on a monthly basis with the monthly report

Cohort 1					
Cohort Start Date:		X			
Cohort End Date:		X			
Session	Session Date	Black	White	Other	Total
1					0
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
11					0
12					0
13					0
14					0
15					0

Gestational Age at Enrollment				
<i>Patients should only be counted once.</i>				
Variable	Black	White	Other	Total
1st Trimester				0
2nd Trimester				0
3rd Trimester				0

Appendix L- Scope 3 Incentive Purchase and Distribution Log

Excel template will be provided to funded entities prior to start of the grant year.

**This reporting template is subject to change*

Purchased

Subrecipient:				Month/Year:		
Date Purchased	Type of Incentive Purchased (diapers, baby wipes, gift cards, gas cards)	# of This Incentive Purchased (i.e. should you be purchasing multiples of a given incentive type in a single transaction. Ex. 10 packs of diapers)	Individual Value of Each Incentive (Ex. Each pack of diapers was valued at \$8.97.)	Total Value of Purchase (i.e. total amount expected to be validated by receipt. Ex. 10 packs of diapers at \$8.97/pack [+tax if applicable] would result in a total cost of \$80.97)	Gift/Gas Card Identifier # (list a unique number for each gift/gas card provided)	Name of Staff Purchasing Incentive(s)

Distributed

Client Identifier	Incentive Provided (diapers, baby wipes, gift card, gas card) Please list each incentive distributed on a separate line.	Value	Gift/Gas Card Identifier # (Only applicable if providing gift/gas card)	Reason for Incentive Enrollment vs. Retention	Has This Client Already Received an Incentive?			Name of Staff Member Distributing Incentive	Confirmation of Receipt of Incentive by Client (physical signature & date, email, text) When you've received confirmation from client, mark an X below. Subrecipients must keep confirmations on file for monitoring purposes
					Yes/No	If Yes, How Much?	Date incentive was received		
					Select				
					Select				
					Select				
					Select				