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| **Applicant Information** | |
| Applicant Agency: | Amount Requested: |
| County(s): | GMIS Grant #: |

Applications should 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 timelines 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 .

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| **Criterion (Total Points) 140.**  **Must receive a score of 98 (70%) to be eligible for continuation of funding.** | **Score** | **Comments** |
| **General Requirements: Application materials uploaded to GMIS** | **0 = No**  **2 = Yes** |  |
| GMIS application complete and on time**: Due Monday, December 12, 2022, by 4pm** | 0 2 |  |
| ODH Reproductive Health and Wellness Program Assurances | 0 2 |  |
| ODH Reproductive Health and Wellness Program Budget Overview | 0 2 |  |
| ODH Reproductive Health and Wellness Program Budget Justification/Narrative | 0 2 |  |
| ODH Reproductive Health and Wellness Program Itemized Budget | 0 2 |  |
| ODH Reproductive Health and Wellness Program Site and Service Form | 0 2 |  |
| ODH Reproductive Health and Wellness Program Work Plan, with Outreach Plan explained | 0 2 |  |
| ODH Reproductive Health and Wellness Program Fee Management Form | 0 2 |  |
| ODH Reproductive Health and Wellness Program Evidence of Health Equity Strategies Form | 0 2 |  |
| ODH Reproductive Health and Wellness Program Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan | 0 2 |  |
| **Budget** | **0 = Not provided, incorrect, or inadequate**  **1 = partially correct**  **2 = fully correct** |  |
| Application information (overview and address) in GMIS | 0 1 2 |  |
| Budget only contains allowable costs (refer to Solicitation and OGAPP manual) | 0 1 2 |  |
| Budget includes program income | 0 1 2 |  |
| Other Direct Costs amounts are correct in GMIS (Amounts must match - deliverable allocation, budget overview, and direct costs screen.) | 0 1 2 |  |
| Compliance questions answered in GMIS (Will say *subgrantee completed* when complete.) | 0 1 2 |  |
| EEO Survey | 0 1 2 |  |
| FFATA reporting form | 0 1 2 |  |
| Budget Justification/Narrative   * Budget justification in same order as GMIS budget * Explains and justifies Deliverable 1 * Explains and justifies Deliverable 2 * Includes authorized representative’s certification language * Signed by the agency head listed in GMIS (must be the same person) | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 | (Score 1 if repeat deliverable language. Score 2 if detail how funding will be spent.) |
| **Program Updates** | **0 = Not provided, incorrect, or inadequate**  **1 = Good**  **2 = Excellent** |  |
| Midyear Progress Report   * FY23 midyear progress report uploaded in GMIS by Oct. 15, 2022 (under RH23 grant) * Program Plan progress (proper evaluation and accomplishments) * Chart review summaries (correct amount, plans to take corrective action if needed) * CLAS plan accomplishments * Updated Itemized Budget * Midyear narrative | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Deliverable Progress – Ahlers data and deliverable reporting forms indicate 50% completion of deliverables (April 1 – September 30, 2022)   * Has sufficient progress been made on Deliverable 1?   + (At least 50% of projected visits seen by September 30, 2022) * Has sufficient progress been made on Deliverable 2? * Has sufficient progress been made on Deliverable 3?   + (At least one outreach event and both parts of QI project submitted.) * Has sufficient progress been made on Deliverable 5?   + (If NA, then 2). At least 100 special population visits reported by September 30, 2022, to Ahlers. Documentation of 20 hours per month of clinical services provider dedicated solely to Deliverable 5. * Has sufficient progress been made on Deliverable 6?   + (If NA, then 2). At least 100 faith-based organization visits reported by September 30, 2022, to Ahlers. Documentation of 20 hours per month of clinical services provider dedicated solely to Deliverable 6. * Has sufficient progress been made on Deliverable 7?   + (If NA, then 2). At least 50% of incentives purchased were distributed by September 30, 2022. Policy uploaded in GMIS. | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Program Narrative   * Does not exceed 8 pages * Addresses changes to scope of program, personnel, partnerships * Plan to address issues and/or continue to meet deliverables * Brief description of broad range of clinical services provided * Statement of adhering to all statutory and regulatory requirements/restrictions * Statement assuring abortion is not performed, promoted, or supported as a method of family planning | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Program Work Plan for FY24   * Plan lists all activities and evaluation measures in the Goals and Deliverable Grid (Appendix E) for all deliverables seeking funding * Appropriate and specific person or position listed for each activity * Specific and variable timelines are provided (All should not be April 1 – March 31) * Specific, individualized outreach plan is detailed within Deliverable 2, Objective 3 | 0 1 2  0 1 2  0 1 2  0 1 2 | Reviewer to pay special attention to requirements such as number of clinical provider hours required per month, clinical services offered, visit projections, etc. |
| **Attachments** | **0 = Not uploaded or blank**  **1 = Issues noted**  **2 = Fully correct** |  |
| Attachment 1 – Assurances   * Must be signed by agency head listed in GMIS | 0 1 2 |  |
| Attachment 2 Budget Overview   * Deliverable funding amounts match amounts in Appendix B2 * Client visits projected matches visits projected in Attachment 4 | 0 1 2  0 1 2 |  |
| Attachment 3 Itemized Budget   * Funding requested and program income = total budget * Budgeted amount column complete | 0 1 2  0 1 2 |  |
| Attachment 4 Site and Service Information   * Service site(s) information completed * Client visits projected is in appropriate funding band * Minimum of 16 provider/clinician hours per month (Deliverable 1) * Services provided section complete | 0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 5 Program Work Plan  For all deliverables, are the following completed?   * Activities – are they appropriate for the objective and specific? Complete? * Person Responsible – is the responsible person appropriate? * Timeline- have they indicated *interim* timelines? * Evaluation **–** appropriate and *measurable* for activities listed? * Outreach Plan (Deliverable 2, Objective 2)– included or explained? Need specific activities and dates. | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 7 Fee Management   * Fee schedule and sliding fee scale (100% poverty level $13,590) attached in GMIS * Explanation of how fees and sliding fee scale were developed * Third party contracts listed * CPT code chart complete | 0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Appendix C1 Evidence of Health Equity Strategies   * Summarized data of activities completed for all ODH required strategies * Summarized data of activities completed for all Program required strategies | 0 1 2  0 1 2 |  |
| Appendix C2 CLAS Plan   * Activities – are they appropriate for the objective and specific? * Person Responsible – is the responsible person appropriate? * Begin/End Date- have they indicated timelines? * Evaluation **–**evaluation components for planned activities completed? * All 15 standards addressed * Standard 15 health equity action plan created | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
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| **Total Score for Proposal ( \_\_\_\_ of 140)** |  |  |
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**Review Notes:**

**Strengths**

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**Weaknesses**

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**Approval**

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**Approval with Special Conditions**

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**Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with RHWP goals and/or the purpose of the ODH RHWP program and Solicitation); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by RHWP review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project’s current resources** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments**

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| **Reviewer Signature:** | **Date:** |
| **Reviewer Email:** | **Reviewer Phone:** |