



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

MEMORANDUM

Date: July 3, 2018

To: Prospective Injury Prevention Program, Child Injury Prevention Applicants

From: Shancie Jenkins, Chief
Office of Health Improvement and Wellness
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2019
January 1, 2019 – September 30, 2019 Program Period

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness (OHIW), Violence and Injury Prevention Program (VIIPP) announces the availability of grant funds to address prevention of injuries to children.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home pages, click on “Funding Opportunities”
3. From the next page, click on “ODH Grants”
4. Next click “Grant Request for Proposals,” this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Injury Prevention Program RFP and click “Submit.” This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (Appendix A) no later than Tuesday, July 17, 2018. All potential applicants are encouraged to participate in a Bidders Conference Thursday, July 19, from 11 a.m. to 12 p.m. Webinar and call-in information will be made available to applicants that submit a Notice of Intent to Apply for Funding.

The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Tiffany Jamison to register (see contact information below).

All applications and attachments are due Monday, August 13, 2018. Electronic applications received after Monday, August 13, 2018 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training, complete and return the GMIS 2.0 training form by Tuesday, July 17, 2018.

If you have questions regarding this application, please contact Tiffany Jamison at (614) 466-1663 or email at Tiffany.Jamison@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Health Improvement and Wellness

Injury Prevention Section, Child Injury Prevention

SOLICITATION
FOR
FISCAL YEAR 2019
(01/01/2019 – 09/30/2019)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

___Base Only Funding ___Base and Deliverable Funding x 100% Deliverable Funding

Revised 09/11/2017
For grant starts 4/1/2018 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 Tuesday, July 17, 2018 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. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

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

- A. Policy and Procedure:** 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: <http://www.odh.ohio.gov>.
(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:
<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

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).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: *Child Injury Prevention*

- C. Purpose:** The Preventative Health and Health Services Block Grant (PHHSBG) Injury Prevention Program reflects the commitment of ODH to meet community need with programming for child injury prevention implemented at the local level. The goal of this grant is to reduce injuries and deaths of Ohioan children related to traumatic brain injury (sports and recreation and safe active transportation), youth violence (youth suicide and child maltreatment), occupant protection (child passenger and teen driving through comprehensive, multi-faceted, population and evidenced-based programs at the local level that address the risk associated with these unintentional injuries.

Supplemental Funding Opportunity: Supplemental funding is available for applicant to coordinate and administer the Ohio Injury Prevention Partnership-Child Injury Action Group coalition and subcommittees.

- D. Qualified Applicants:** *All applicants must be a local public or non-profit agency, (insert program specific eligibility). Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can apply.*

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 Monday, August 13, 2018**

- E. **Service Area:** *All funded projects are expected to target high risk populations in their county. Applications may include a single county project or multiple county project area.*
- F. **Number of Grants and Funds Available:** The source of funding is the Preventative Health and Health Services Block Grant. The entire project period is January 1, 2019- September 30, 2023. Up to five (5) grants may be awarded for a total amount of \$685,000. Eligible agencies may apply for up to \$125,000. If the PHHSBG is not funded in the federal fiscal year budget, ODH may be unable to fund the 2019 injury prevention subgrantees.

** Counties with a population less than 200,000 may apply for a maximum of \$105, 000 (\$165,000 is applying for Supplemental Funding).*

** Counties with a population greater than 200,000 may apply for a maximum of \$125,000 (\$185,000 if applying for Supplemental Funding).*

**Per the US Census 2014 Population Estimates (See Appendix L. for a list of counties ranked by population size.)*

No subgrantee is guaranteed a certain percentage of the total funds available

The first program year will span 9 months from 01/01/2019-9/30/2019.

Continuation program years will span 12 months on the following schedule:

* Year 2 (October 1, 2019-September 30, 2020)

* Year 3 (October 1, 2020-September 30, 2021)

* Year 4 (October 1, 2021-September 30, 2022)

* Year 5 (October 1, 2022-September 30, 2023)

*An additional **OPTIONAL Supplemental Funding Opportunity** is available for one awardee to coordinate and administer the Ohio Injury Prevention Partnership-Child Injury Action Group coalition. Funding for year one (1), which will span from 01/01/2019-09/30/2019. The awardee will be eligible for up to \$60,000. This will be added to applicant's award. Supplemental funding will continue after program year 1 on an annual basis.*

IMPORTANT: More information about the focus area of child injury prevention will be found in Appendix D. It is strongly recommended that you print and carefully read and review all related appendices before you begin the application.

*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 or via ground delivery-by **4:00 p.m. by Monday, (August 13, 2018)**. Applications and required attachments received after this deadline will not be considered for review.

Contact (Tiffany Jamison, 614-466-1663. and/or tiffany.jamison@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.758

- I. Goals:** *The ODH Violence and Injury Prevention Program is seeking to reduce fatalities involving traumatic brain injuries, motor vehicle injuries related to teen driving and child passenger safety, and youth suicide. Specifically, the Ohio Department of Health would like to increase the rate of traumatic brain injury-related emergency department visits for children age 0-18 by 5% from 1252.0 (2012) to 1,317.9 per 100,00 and related fatalities among children age 0 - 18 by implementing policy, systems, and environmental changes to create sustainable supportive systems for Ohio children. ODH is also seeking to reduce the emergency department visit rates for motor vehicle related injuries to Ohio youth occupants ages 0-7 from 361.1 per 100,000 in 2014 to 325.0 per 100,000 and reduce inpatient hospitalization rates for motor vehicle crash related injuries to occupants ages 13-20 by 10% from 35.2 per 100,000 in 2014 to 31.7 per 100,000 by implementing policy, systems, and environmental changes to create sustainable supportive systems for Ohio children. Lastly, the Ohio Department of Health is seeking to work with partners to address violence, specifically youth suicide. Between 2010 and 2016 suicide deaths for Ohioans age 10-17 has increased from 2.2 to 3.3 per 100, 000.*

- J. Program Period and Budget Period:** The program period will begin (January 1, 2019) and end on (September 30, 2023). The budget period for this application is (January 1, 2019) through (September 30, 2019).

- K. Public Health Accreditation Board (PHAB) Standard(s):**

- **Standard 1.1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to develop Recommendations Regarding Public Health Policy, Processes, and Programs, or Interventions
- **Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- **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 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health
- **Standard 6.2:** Educate Individuals and Organizations On the Meaning, Purpose, and

Benefit of Public Health Laws and How to Comply

- **Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- **Standard 10.2:** Promote Understanding and use of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences

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:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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.

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents experience health inequities do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).

- 2) Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Specify how proposed program interventions and/or grant deliverables will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents, people with disabilities, and racial and ethnic minority groups. 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 can occur because of 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, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in ***Healthy People 2020*** or the ***National Stakeholder Strategy for Achieving Health Equity***. 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.

For more resources on health equity, please visit the ODH website at:

M. 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.

☐xx Applicable ☐ Not Applicable to (Child Injury Prevention Program)

N. 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.**

O. 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 (Tiffany Jamison at 614-466-1663 or tiffany.jamison@odh.ohio.gov)

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

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

Q. 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 **Monday, (August 13, 2018) 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.**

R. 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.

S. 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.

T. 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, Measureable, 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.

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 Service.

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, [Office of Health Improvement and Wellness], [Violence and Injury Prevention section] and as a sub-award of a grant issued by [Preventative Health and Health Services Block Grant] under the [Injury Prevention Program] grant, grant award number [6NBO1OT009137-01-03], and CFDA number [93.758].”

- 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:

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: []

Quarter	Time Period	Program Report Due Date
1	January 1-March 31, 2019	April 15, 2019
2	April 1-June 30, 2019	July 15, 2019
*3	July 1-September 30, 2019	October 15, 2019

**Annual components of the reporting form due October 15, 2019.*

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP. []

New Program Coordinators/Directors Meeting: *At least one representative from your agency must attend a new program coordinators meeting to be held at a date TBD. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded sub grantees early in the grant cycle. There will be information provided on Grants Administration Policies and Procedures (GAPP) including reporting requirement, responding to grant special conditions, budget revisions, etc., as well as program-specific information. Costs associated with attending this meeting are an allowable expense for this grant proposal and should be included in the budget.*

Ohio Injury Prevention Partnership Quarterly Meetings: *The Ohio Injury Prevention Partnership (OIPP) is a statewide group of professionals representing a broad range of agencies and organizations concerned with building Ohio's capacity to address the prevention of injury, particularly related to the group's identified priority areas. The group is coordinated by ODH with funds from the Centers for Disease Control and Prevention (CDC). The OIPP advises and assists ODH Violence and Injury Prevention Program with establishing priorities and future directions regarding injury and violence prevention initiatives in Ohio. The group convenes quarterly all-day meetings to*

strengthen and sustain effective injury and violence prevention programs at the state and local level. Costs associated with attending these meetings are an allowable expense for this grant proposal and should be included in the budget. Attendance and active participation in the OIPP is a requirement of funded projects.

Ohio Child Injury Action Group Attendance and Sub Committee Involvement:

Applicants are required to be involved in statewide efforts for child injury prevention. The ODH Violence and Injury Prevention Program facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity. As a community receiving funding to work on this issue, these strategies, successes, lessons learned and emerging best practices should not be completed in a vacuum. The emphasis for funded projects is two-fold – first, to make a positive impact on injuries and fatalities within the county, and second, to share information and support other counties seeking information or guidance. Funded counties will be considered leaders among their peers in child injury prevention and should subsequently be willing to share their experiences and knowledge.

Facilitate Annual Grantee Conference Call: *Each funded applicant will be required to coordinate and facilitate an annual information sharing conference call for the other funded projects. Funded applicants will be expected to communicate with other funded applicants to ensure an information sharing call takes place once each quarter.*

Required Funding Statement and Acknowledgement: *Funded applicants must acknowledge the Ohio Department of Health, Violence and Injury Prevention Program when publicly referencing the activities contained within this agreement. During all presentations and meetings with partners outside of their local coalition, funded applicants must acknowledge funding and technical support from the ODH Violence and Injury Prevention Program. Additionally, funded applicant must utilize a funding statement provided by ODH on all printed materials.*

Participation in Site Visit: *Funded applicants are required to participate in a site visit on a timeframe to be determined by the Ohio Department of Health, Violence and Injury Prevention Program.*

- 2. 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:

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – 31, 2019</i>	<i>February 10, 2019</i>
<i>February 1 – 28, 2019</i>	<i>March 10, 2019</i>
<i>March 1 – 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – 30, 2019</i>	<i>May 10, 2019</i>
<i>May 1 – 31, 2019</i>	<i>June 10, 2019</i>

<i>June 1 – 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019: End of first year</i>	<i>October 10, 2019</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – March 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – June 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – September 30, 2019</i>	<i>October 10, 2019</i>

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

3. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before (November 5, 2019). 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.

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- 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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. Food and Refreshments

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

AA. Client Incentives and Client Enablers:

Client incentives are *unallowable cost.* | |

Client Enablers are *unallowable cost.* | |

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

AB. 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.

AC. 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).
- Program Narrative should not exceed 25 pages (**excludes** appendices, attachments, budget and budget narrative).
- 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 [()]
 - a. **Executive Summary** should be named “Agency Name_Executive Summary_2019”
 - b. **Program Narrative** should be named “Agency Name_Program Narrative_2019”
 - c. **Key Personnel Form** (Appendix J) should be named “Agency Name_Key Personnel Form_2019”
 - d. **Annual Work Plan** (Appendix F) should be named “Agency Name_Annual Work Plan_2019”
 - e. **Letters of Support** should be saved together as one .pdf named “Agency Name_LOS_2019”
 - f. **Travel Letter** indicating permission to travel out of county for meetings should be named “Agency Name_Travel Letter 2019”
 - g. If applicable, **Supplemental Work Plan** (Appendix H) should be named “Agency Name_Supplemental Work Plan_2019”
 - h. **Position Descriptions and Resumes** should be named “Agency Name_Position Descriptions and Resumes_2019”
 - i. **Community Demographics** (Appendix I) should be named “Insert Agency Name_ County Demographics

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

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

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 16 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 detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found in Appendix N. Please use Scenario 3).
 - 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period [January 1, 2019-September 30, 2019].

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

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

“Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

3. Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.

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

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information, please see section B2.10 of OGAPP.

4. 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: *See Appendix E for guidance*

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the

program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology: In narrative 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, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. |

- 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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.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 www.whitehouse.gov/omb/open.

(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. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. 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 Monday, August 13, 2018**.

A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training Request Form
- C1. Deliverable – Objective Descriptions
- C2. Deliverable – Objective Allocations Application Review Form
- D. Required Grant Strategies and Guidance
- E. RFP Application Instructions
- F. Work Plan Instructions and Template
- G. Evaluation and Performance Improvement Plan Guidance
- H. Supplemental Funding Guidance and Work Plan Template
- I. Community Demographics Table
- J. Key Personnel Form
- K. Sources of Ohio-Specific Injury Related Data
- L. Ohio County Population Table.
- M. Application Review Form/Scoring Tool
- N. Budget Justification Example-Deliverable Only-use scenario 3

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of **Health Improvement and Wellness**

Submission Required

See Due Date Below

ODH Program Title:

Violence and Injury Prevention-Child Injury Prevention

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

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
☐ City Agency

- ☐ Hospital
☐ Higher Education

- ☐ Local Schools
☐ 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, NOI AF'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 have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOI AF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY July 17, 2018 |

Mail, E-mail: Tiffany Jamison, Child Injury Prevention Coordinator, 614.466.1663, tiffany.jamison@odh.ohio.gov
Ohio Department of Health, Violence and Injury Prevention Program
246 North High Street— |
Columbus, OH 43215
E-mail: tiffany.jamison@odh.ohio.gov

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

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. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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

Form# OFA-014

Name of Subgrant Program: Child Injury Prevention

Budget Period:1

of Deliverables: 24 (45 with optional Supplemental funding)

Use Budget Justification Scenario#: 3

☐ Base and Deliverables☒ Deliverables Only**Deliverable 1–Local Coalition – *Must Choose Two Options Below***

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will have an established local coalition working toward the development of a strategic plan, as evidenced by subgrantee completing two of the following (each worth 5% for total of 10% of available grant funds and will be listed together in GMIS and C2 as *Deliverable-Objective 1*. Please specify which objectives you are selecting in Narrative, Workplan, and Budget Justification):

- **Objective 1A:** By March 31, 2019, subgrantee will submit local coalition roster to ODH Program Consultant via GMIS. _____5%
- **Objective 1B:** By May 30, 2019, subgrantee will conduct an evaluation of local coalition and submit a summary (including results, recommendations, and next steps) to ODH Program Consultant via GMIS. _____5%
- **Objective 1C:** By September 30, 2019, subgrantee will develop governance documents adopted by coalition and submit to ODH Program Consultant via GMIS. _____5%
- **Objective 1D:** By September 30, 2019, the subgrantee will develop and submit a completed strategic plan adopted by coalition and evidence (meeting minutes, agenda, and sign-in sheets) that coalition met three times from start of grant period to ODH Program Consultant via GMIS. _____5%

Deliverable 2 –State Coalition & Strategic Plan Support – *Must Choose Two Options Below*

Description: Between January 1, 2019 and September 30, 2019, the subgrantee actively participate in state coalition and strategic planning support by completing two of the following (each worth 2% for a total of 4% of available grant funds and will be listed together in GMIS on C2 as *Deliverable-Objective 2*. Please specify which objectives you are selecting in Narrative, Workplan, and Budget Justification):

- **Objective 2A:** By September 30, 2019 subgrantee will submit documentation to ODH Program Consultant via GMIS that they participated in state coalition meetings and volunteer for group projects. _____2%
- **Objective 2B:** By September 30, 2019 subgrantee submit documentation to ODH Program Consultant via GMIS demonstrating they served as Chair or Co-chair of subcommittee, including agendas and meeting minutes of meeting facilitated. _____2%

- **Objective 2C:** By September 30, 2019 subgrantee will submit documentation to ODH Program Consultant that demonstrates strategic plan was implemented locally. ____2%

Data & Evaluation

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will improve data collection and evaluation of local efforts by completing the following:

- **Deliverable-Objective 3:** By March 31, 2019 subgrantee will complete and submit a revised Evaluation and Performance Improvement Plan (EPIP) – revised plan to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 4:** By June 30, 2019, subgrantee develop a written protocol on how data and evaluation activities will occur and submit to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 5** By September 30, 2019 will complete an operationalized EPIP and submit tracking framework to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 6:** By September 30, 2019 subgrantee will identify or develop data sources and submit list of data sources and/or data use agreements to ODH Program Consultant via GMIS. ____5%

Policy, Systems, and Environmental Changes (PSEC) #1

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will select two PSEC activities under one required PSEC strategy. PSECs may include ordinances, organizational policies, environmental changes, health care system changes, systemic integration of community-based interventions, regulations, etc. Impacting PSEC goals should be the primary focus of your activities.

- **Deliverable-Objective 7:** By March 31, 2019 subgrantee will identify project partners and settings for each activity and submit letter of commitment from all parties involved to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 8:** By June 30, 2019 subgrantee will define roles and responsibilities of all partners and submit relevant Memorandum of Understanding outlining these to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 9:** By September 30, 2019 subgrantee develop implementation plan and submit the plan, standards, policy or products to be implemented for each activity to ODH Program Consultant via GMIS. ____5%

Policy, Systems, and Environmental Changes (PSEC) #2

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will select two PSEC activities under one required PSEC strategy not already selected. PSECs may include ordinances,

organizational policies, environmental changes, health care system changes, systemic integration of community-based interventions, regulations, etc. Impacting PSEC goals should be the primary focus of your activities.

- **Deliverable-Objective 10:** By March 31, 2019 subgrantee will identify project partners and settings for each activity and submit letter of commitment from all parties involved to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 11:** By June 30, 2019 subgrantee will define roles and responsibilities of all partners and submit relevant Memorandum of Understanding outlining these to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 12:** By September 30, 2019 subgrantee develop implementation plan and submit the plan, standards, policy or products to be implemented for each activity to ODH Program Consultant via GMIS. ____5%

Policy, Systems, and Environmental Changes (PSEC) #3

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will select two PSEC activities under one required PSEC strategy not already selected. PSECs may include ordinances, organizational policies, environmental changes, health care system changes, systemic integration of community-based interventions, regulations, etc. Impacting PSEC goals should be the primary focus of your activities.

- **Deliverable-Objective 13:** By March 31, 2019 subgrantee will identify project partners and settings for each activity and submit letter of commitment from all parties involved to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 14:** By June 30, 2019 subgrantee will define roles and responsibilities of all partners and submit relevant Memorandum of Understanding outlining these to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 15:** By September 30, 2019 subgrantee develop implementation plan and submit the plan, standards, policy or products to be implemented for each activity to ODH Program Consultant via GMIS. ____5%

Policy, Systems, and Environmental Changes (PSEC) #4

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will select two PSEC activities under one required PSEC strategy not already selected. PSECs may include ordinances, organizational policies, environmental changes, health care system changes, systemic integration of community-based interventions, regulations, etc. Impacting PSEC goals should be the primary focus of your activities.

- **Deliverable-Objective 16:** By March 31, 2019 subgrantee will identify project partners and settings for each activity and submit letter of commitment from all parties involved to ODH Program Consultant via GMIS. ____5%

- **Deliverable-Objective 17:** By June 30, 2019 subgrantee will define roles and responsibilities of all partners and submit relevant Memorandum of Understanding outlining these to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 18:** By September 30, 2019 subgrantee develop implementation plan and submit the plan, standards, policy or products to be implemented for each activity to ODH Program Consultant via GMIS. ____5%

Optional PSEC Supportive

Description: Between January 1, 2019 and September 30, 2019, the subgrantee will select two supportive activities related to selected PSEC strategy. These activities must enhance and complement primary PSEC activities, but are not meant as stand-alone initiative. The listed PSEC supportive strategies are not requirements, but can be included as a step in the applicants work plan. PSEC Supportive strategies related to health care provider education and training, and media advocacy and awareness are intended to support the implementation and promotion of policy, systems, and environmental changes (PSEC) outlined above.

- **Deliverable-Objective 19:** By March 31, 2019 subgrantee will identify project partners and settings for each activity and submit letter of commitment from all parties involved to ODH Program Consultant via GMIS. ____1%
- **Deliverable-Objective 20:** By June 30, 2019 subgrantee will define roles and responsibilities of all partners and submit relevant Memorandum of Understanding outlining these to ODH Program Consultant via GMIS. ____1%
- **Deliverable-Objective 21:** By September 30, 2019 subgrantee develop implementation plan and submit the plan, standards, policy or products to be implemented for each activity to ODH Program Consultant via GMIS. ____1%

Quarterly Reports

Description: The subgrantee will keep ODH informed of progress made toward deliverables by submitting completed quarterly reports with detailed information via GMIS by due date.

- **Deliverable-Objective 22:** By March 31, 2019 (for period of Jan. 1-March 31, 2019) the subgrantee will submit the Injury Prevention Program Report to ODH Program Consultant via GMIS. ____1%
- **Deliverable-Objective 23:** By June 30, 2019 (for period of April1-June 30,2019) the subgrantee will submit the Injury Prevention Program Report to ODH Program Consultant via GMIS. ____1%
- **Deliverable-Objective 24:** By September 30, 2019 (for period of July 1-Sept. 30, 2019) the

subgrantee will submit the Injury Prevention Program Report to ODH Program Consultant via GMIS. ____1%

IF YOU ARE NOT APPLYING FOR THE OPTIONAL SUPPLEMENTAL FUNDING, STOP HERE!!!

MEMBERSHIP

Description: Between January 1, 2019 and September 30, 2019, the subgrantee awarded the Supplemental Funding will increase membership into the statewide Child Injury Action Group (CIAG) and its subgroups by doing the following:

- **Deliverable-Objective 25:** By September 30, 2019, subgrantee will submit documentation of recruitment attempts for CIAG based on results of coalition assessment and/or recommendations, (this can include emails, mailing, etc.) and successes, to ODH Program Consultant via GMIS. ____2%
- **Deliverable-Objective 26:** By June 30, 2019 subgrantee will develop/review a well written, ongoing recruitment plan with coalition members and submit plan and review documentation to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 27:** By September 30, 2019 subgrantee will review recruitment plan with coalition members and submit updated plan and review documentation to ODH Program Consultant via GMIS. ____2%
- **Deliverable-Objective 28:** By September 30, 2019 subgrantee will submit multiple examples of providing support to group chairs, responding to information from members, and evaluating progress, to the ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 29:** By January 31, 2019 subgrantee will submit a schedule with CIAG Leadership names for New Member Orientation at OIPP Meeting to ODH Program Consultant via GMIS. ____1%
- **Deliverable-Objective 30:** By January 31, 2019 subgrantee will create/update orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes in a hard-copy or e-copy, and submit to ODH Program Consultant via GMIS. ____2%

COMMITTEES

Description: Between January 1, 2019 and September 30, 2019, the subgrantee awarded the Supplemental Funding will coordinate and ensure that the CIAG committee and its subcommittees have quarterly scheduled meetings, include co-chairs, conduct scheduled meetings, and submit required written reports.

- **Deliverable-Objective 31:** March 31, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following for the February 2019 CIAG-OIPP Meeting: agenda, written reports from each subcommittee, sign-in sheets, meeting minutes, documentation of subcommittee chairs/co-chairs, of which subgrantee must occupy two, and any other pertinent information related to said meeting. ____4%
- **Deliverable-Objective 32:** By June 30, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following for the May 2019 CIAG-OIPP Meeting: agenda, written reports from each subcommittee, sign-in sheets, meeting minutes, documentation of subcommittee chairs/co-chairs, of which subgrantee must occupy two and any other pertinent information related to said meeting. ____4%
- **Deliverable-Objective 33:** By September 30, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following for the August 2019 CIAG-OIPP Meeting: agenda, written reports from each subcommittee, sign-in sheets, meeting minutes, documentation of subcommittee chairs/co-chairs, of which subgrantee must occupy two and any other pertinent information related to said meeting. ____4%
- **Deliverable-Objective 34:** By January 31, 2019, subgrantee will develop and submit an annual list of subcommittee meeting/conference calls dates and times to ODH Program Consultant via GMIS. ____1%

ADMINISTRATIVE

Description: Between January 1, 2019 and September 30, 2019, the subgrantee awarded the Supplemental Funding will administer the Child Injury Action Group and its subgroups composed of key state and local stakeholders and decision-makers who have the ability to impact policies related child health and safety by completing the following:

- **Deliverable-Objective 35:** By March 31, 2019 subgrantee will submit quarterly report to ODH Program Consultant via GMIS with all required information. ____5%
- **Deliverable-Objective 36:** By June 30, 2019 subgrantee will submit quarterly report to ODH Program Consultant via GMIS with all required information. ____5%
- **Deliverable-Objective 37:** By September, 2019 subgrantee will submit quarterly report to ODH Program Consultant via GMIS with all required information. ____5%
- **Deliverable-Objective 38:** By March 31, 2019 subgrantee will submit website and newsletter updates related to the CIAG to OIPP contact via email, and to ODH Program Consultant via

GMIS. ____3%

- **Deliverable-Objective 39:** By June 30, 2019 subgrantee will submit website and newsletter updates related to the CIAG to OIPP contact via email, and to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 40:** By September 30, 2019 subgrantee will submit website and newsletter updates related to the CIAG to OIPP contact via email, and to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 41:** By June 30, 2019 subgrantee will deliver annual action plans, recommendations, and updates from each CIAG respective groups to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 42:** By September 30, 2019 subgrantee will administer pilot projects and the contract process and submit to ODH Program Consultant all applicable documentation and summary via GMIS. ____20%
- **Deliverable-Objective 43:** By September 30, 2019 subgrantee will plan and coordinate one in-state training activity, as deemed necessary by ODH, that engages key partners and members implementing the state plan, and submit flyer advertising training, planning meeting minutes, agenda, and sign-in sheet to ODH Program Consultant via GMIS. ____10%
- **Deliverable-Objective 44:** By September 30, 2019 subgrantee will complete a program evaluation from CIAG Members to submit a summary to ODH Program Consultant via GMIS. ____10%
- **Deliverable-Objective 45:** By September 30, 2019 subgrantee will submit to ODH Program Consultant documentation their participation in OIPP Leadership meetings/calls, assistance with ODH efforts to grow and improve OIPP and its efforts to educate new members about CIAG. ____5%

Appendix C2

Name of Subgrant Program: Child Injury Prevention for > 200,000 population

Budget Period: 1

of Deliverables: 24 (45 with optional Supplemental Funding)

Use Budget Justification Scenario #: 3

☐ **Base Only**

☐ **Base and Deliverables**

☒ **Deliverables Only**

	% of grant	Subgrantee #1	Subgrantee #2	Subgrantee #3	Subgrantee #4	Subgrantee #5	Total
Total amount of grant awarded		\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$625,000
Deliverable-Objective 1 - Local Coalition	10%	12500	12500	12500	12500	12500	62500
Deliverable-Objective 2- State Coalition & Strategic Plan	4%	5000	5000	5000	5000	5000	25000

Deliverable- Objective 3- Data and Evaluation	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 4 - Data and Evaluation	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 5- Data and Evaluation	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 6- Data and Evaluation	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 7 - Policy, Systems and Environmental Changes #1	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 8- Policy, Systems and Environmental Changes #1	5%	6250	6250	6250	6250	6250	31250

Deliverable- Objective 9 - Policy, Systems and Environmental Changes #1	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 10 - Policy, Systems and Environmental Changes #2	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 11 - Policy, Systems and Environmental Changes #2	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 12- Policy, Systems and Environmental Changes #2	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 13- Policy, Systems and Environmental Changes #3	5%	6250	6250	6250	6250	6250	31250

Deliverable- Objective 14 - Policy, Systems and Environmental Changes #3	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 15 - Policy, Systems and Environmental Changes #3	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 16- Policy, Systems and Environmental Changes #4	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 17 - Policy, Systems and Environmental Changes #4	5%	6250	6250	6250	6250	6250	31250
Deliverable- Objective 18 - Policy, Systems and Environmental Changes #4	5%	6250	6250	6250	6250	6250	31250

Deliverable- Objective 19 - Optional PSEC	1%	1250	1250	1250	1250	1250	6250
Deliverable- Objective 20- Optional PSEC	1%	1250	1250	1250	1250	1250	6250
Deliverable- Objective 21 - Optional PSEC	1%	1250	1250	1250	1250	1250	6250
Deliverable- Objective 22 - Quarterly Report	1%	1250	1250	1250	1250	1250	6250
Deliverable- Objective 23 - Quarterly Report	1%	1250	1250	1250	1250	1250	6250
Deliverable- Objective 24 - Quarterly Report	1%	1250	1250	1250	1250	1250	6250
Total without Supplemental		125000	125000	125000	125000	125000	625000
Deliverable- Objective 25- Membership	2%	1200					

Deliverable- Objective 26- Membership	3%	1800	
Deliverable- Objective 27- Membership	2%	1200	
Deliverable- Objective 28- Membership	3%	1800	
Deliverable - Objective 29- Membership	1%	600	
Deliverable- Objective 30- Membership	2%	1200	
Deliverable- Objective 31- Committees	4%	2400	
Deliverable- Objective 32- Committees	4%	2400	
Deliverable- Objective 33- Committees	4%	2400	
Deliverable- Objective 34- Committees	1%	600	
Deliverable- Objective 35- Administrative	5%	3000	

Deliverable- Objective 36- Administrative	5%	3000
Deliverable- Objective 37- Administrative	5%	3000
Deliverable- Objective 38- Administrative	3%	1800
Deliverable- Objective 39- Administrative	3%	1800
Deliverable- Objective 40- Administrative	3%	1800
Deliverable- Objective 41- Administrative	5%	3000
Deliverable- Objective 42- Administrative	20%	12000
Deliverable- Objective 43- Administrative	10%	6000

Deliverable- Objective 44- Administrative	10%	6000	
Deliverable- Objective 45- Administrative	5%	3000	
Supplemental Total		60000	
Total for All		185000	

For Population under 200,000

	%	Subgrantee #1	Subgrantee #2	Subgrantee #3	Subgrantee #4	Subgrantee #5	Total
Total amount of grant awarded		\$105,000	\$105,000	\$105,000	\$105,000	\$105,000	\$525,000
Deliverable-Objective 1 - Local Coalition	10%	10500	10500	10500	10500	10500	52500
Deliverable-Objective 2- State Coalition & Strategic Plan	4%	4200	4200	4200	4200	4200	21000
Deliverable-Objective 3- Data and Evaluation	5%	5250	5250	5250	5250	5250	26250
Deliverable-Objective 4 - Data and Evaluation	5%	5250	5250	5250	5250	5250	26250

Deliverable- Objective 5- Data and Evaluation	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 6- Data and Evaluation	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 7 - Policy, Systems and Environmental Changes #1	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 8- Policy, Systems and Environmental Changes #1	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 9 - Policy, Systems and Environmental Changes #1	5%	5250	5250	5250	5250	5250	26250

Deliverable- Objective 10 - Policy, Systems and Environmental Changes #2	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 11 - Policy, Systems and Environmental Changes #2	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 12- Policy, Systems and Environmental Changes #2	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 13- Policy, Sustems and Environmental Changes #3	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 14 - Policy, Sustems and Environmental Changes #3	5%	5250	5250	5250	5250	5250	26250

Deliverable- Objective 15 - Policy, Systems and Environmental Changes #3	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 16- Policy, Systems and Environmental Changes #4	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 17 - Policy, Systems and Environmental Changes #4	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 18 - Policy, Systems and Environmental Changes #4	5%	5250	5250	5250	5250	5250	26250
Deliverable- Objective 19 - Optional PSEC	1%	1050	1050	1050	1050	1050	5250
Deliverable- Objective 20- Optional PSEC	1%	1050	1050	1050	1050	1050	5250

Deliverable- Objective 21 - Optional PSEC	1%	1050	1050	1050	1050	1050	5250
Deliverable- Objective 22 - Quarterly Report	1%	1050	1050	1050	1050	1050	5250
Deliverable- Objective 23 - Quarterly Report	1%	1050	1050	1050	1050	1050	5250
Deliverable- Objective 24 - Quarterly Report	1%	1050	1050	1050	1050	1050	5250
Total without Supplemental		105000	105000	105000	105000	105000	525000
Deliverable- Objective 25- Membership	2%	1200					
Deliverable- Objective 26- Membership	3%	1800					
Deliverable- Objective 27- Membership	2%	1200					

Deliverable- Objective 28- Membership	3%	1800	
Deliverable- Objective 29- Membership	1%	600	
Deliverable- Objective 30- Membership	2%	1200	
Deliverable- Objective 31- Committees	4%	2400	
Deliverable- Objective 32- Committees	4%	2400	
Deliverable- Objective 33- Committees	4%	2400	
Deliverable- Objective 34- Committees	1%	600	
Deliverable- Objective 35- Administrative	5%	3000	
Deliverable- Objective 36- Administrative	5%	3000	
Deliverable- Objective 37- Administrative	5%	3000	

Deliverable- Objective 38- Administrative	3%	1800	
Deliverable- Objective 39- Administrative	3%	1800	
Deliverable- Objective 40- Administrative	3%	1800	
Deliverable- Objective 41- Administrative	5%	3000	
Deliverable- Objective 42- Administrative	20%	12000	
Deliverable- Objective 43- Administrative	10%	6000	
Deliverable- Objective 44- Administrative	10%	6000	
Deliverable- Objective 45- Administrative	5%	3000	
Supplemental Total		60000	
Total for All		165000	

REQUIRED GRANT STRATEGIES AND GUIDANCE

PARTNERSHIPS, COALITION BUILDING AND COALITION EVALUATION

GUIDANCE:

Successful child injury prevention approaches require building local partnerships to assure sustainability of efforts. All funded projects will be responsible for working with a functioning, local coalition comprised of appropriate, multi-disciplinary and representative community stakeholders. For all key partners identified in the work plan, a letter of agreement from the partner describing the partnership and responsibilities to carry out the work plan must be provided with this application.

Develop, Maintain, and Enhance a Local Community Coalition

The activities within this section are intended to allow communities to either start a new coalition if one addressing your topic doesn't exist or to enhance the coalition by conducting an evaluation; implementing a formal structure; or developing a strategic plan. Please select the activity that is the best opportunity to increase visibility, efficiency, and effectiveness for the community coalition to move the objectives of this proposal forward.

Establish a new coalition, this year one activity is to establish a functional coalition dedicated to the prevention of child injury prevention. Projects establishing new coalitions in project year 1 will be required to evaluate their coalitions during year 2 of the project.

- a. Establish a multidisciplinary coalition comprised of appropriate and relevant key community stakeholders focused on child injury prevention. This includes members from diverse communities including racial and ethnic minority populations, parents of children with disabilities, disability advocates, and representatives from affected populations. Include community organizations who specifically address youth violence on the coalition. A list of members must be provided to ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1. The coalition should meet at least 3 times before September 30, 2019. Meeting agendas and notes should be developed as evidence of these meetings. Coalition development strategies and meetings should be clearly documented in the activities of the project year 1 work plan.

Evaluate an existing coalition, expansion and evaluation of the coalition is a year 1 activity for communities with an existing coalition that needs to identify areas of strengths and weaknesses prior to undertaking a formal structure and strategic plan. This process is intended to be completed in collaboration with coalition members. A list of recommendations and next steps should be produced and submitted to ODH per the timeframes in the attached deliverables in Appendix C1. ODH can provide a coalition evaluation that is customized for the applicant county. Applicants should strongly consider utilizing the ODH-provided coalition evaluation in order to optimize implementation timeframes for project year 1.

- a. Conduct an evaluation of your existing coalition during year 1 using guidance provided by ODH. Evaluation results must be provided to ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1.
- b. Expand coalition focused on child injury prevention by at least 3 key stakeholders per year. The coalition should meet in person no less than quarterly. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Meetings should be held in accessible locations to ensure that all community members can participate, including those with disabilities.

Develop governance structure and documents for existing coalition, development of governance documents is a potential year 1 activity for local projects. This should be considered for community coalitions with partners that regularly attend and provide input into coalition meetings. This process is intended to be completed with input from coalition members. Should an applicant decide to formalize the structure and membership requirements a formal by-laws document should be developed. Additional guidance on the topics to be addresses is outlined below. Having a formal coalition structure provides stability when moving to a strategic planning phase and should represent consensus of key partners and participants.

- a. Develop and adopt a formal by-laws document for your coalition addressing the following aspects of the coalition: mission, vision, purpose, and description; member terms and responsibilities; meeting schedule and participation expectations; order of business including decision making, leadership, officers and responsibilities; and community organizations with designated representatives. The final document should be provided to the ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1.
- b. The coalition should meet in person no less than quarterly. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Meetings should be held in accessible locations to ensure that all community members can participate, including those with disabilities.

Develop strategic plan, well established coalitions should consider developing a strategic plan for their coalition to identify and fill gaps in prevention efforts for child injury in their community. Strategic planning should be conducted in collaboration with coalition members and other interested community members.

- a. The resulting strategic plan should include the activities proposed in this application; outline how coalition member organizations will support implementation; and identify roles for coalition members and member organizations. The final document should be provided to the ODH Grants Consultant per the timeframes in the attached deliverables in Appendix C1.
- b. The coalition should meet in person no less than quarterly. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan.

Note: *If applicant demonstrates all coalition and partnership building activities outlined above are already in place, then a letter of support from the coalition stating the intent to support implementation of the activities outlined the applicant proposal should be submitted with the application.*

Involvement with Statewide Coalition & Implementation of State Plans

Applicants should plan for and demonstrate a willingness to be involved in identified statewide efforts for child injury prevention. The ODH Violence and Injury Prevention Program facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity.

As a community receiving funding to work on this issue, these strategies, successes, lessons learned and emerging best practices should not be completed in a vacuum. The emphasis for funded projects is two-fold – first, to make a positive impact on injuries and fatalities within the county, and second, to share information and support other counties seeking information or guidance. Funded counties will be considered leaders among their peers in child injury prevention topic and should subsequently be willing to share their experiences and knowledge. Successful applicants should plan for an increased role in the OIPP by 1) serving as a chair or co-chair

of a subcommittee; 2) actively participating on subcommittees by offering input, volunteering for projects, and regularly attending meetings and conference calls; and 3) spearheading implementation of projects outlined in the designated state plan that are aligned with proposed local strategies. Additional guidance on activities is below.

Actively participate in subcommittee as evidenced by regular attendance at meetings and conference calls and input offered on the selected topic, applicants with fewer years' experience in injury prevention can gain insight and build relationships by actively participating in a related subcommittee. Applicants should plan to be in attendance at three in-person meetings. Funded applicants are expected to volunteer for projects, and follow through on implementation of group projects.

Serve as chair or co-chair of subcommittee to work on related goals or goals of interest within the Child Injury Action Group strategic plan, facilitate three conference calls with peers to coordinate implementation of strategic plan priorities. Please consider alignment and priorities of local community plans which can be supportive of implementation of state strategic plan.

On the local level, implement strategies of the state plan corresponding with proposed local strategies; and participate in statewide efforts related to local strategies, identify strategies aligned or supportive of strategic plan, implement and provide feedback and information on successes and barriers on conference calls and during quarterly in person meetings.

Required Long-term Objective – Partnerships, Coalition Building and Coalition Evaluation: By September 30, 2023, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.		
Focus Areas	Required Strategies	Pick List of Activities – <i>* Counties without an existing coalition must establish a new coalition in project year 1. Counties with established coalitions should identify a logical next step for their coalition and provide evidence as to why that option was selected</i>
Partnerships, Coalition Building and Coalition Evaluation	Develop, Maintain, and Enhance a Local Community Coalition*	Establish a community coalition comprised of partners with an interest in reducing child injuries and fatalities related to traumatic brain injury, occupant protection, and violence prevention (youth suicide)
		Conduct an evaluation of your coalition to identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations – present results and recruit three key stakeholders as identified through survey of membership gaps
		In conjunction with a functioning coalition, formalize the coalition governance and structure by developing and implementing formal by-laws, leadership roles, etc.
		In conjunction with a formal coalition, develop and implement a community strategic plan related to injury topic

	Involvement with Statewide Coalition & Implementation of State Plans	Actively participate in subcommittee as evidenced by regular attendance at meetings and conference calls and input offered on the selected topic
		Serve as chair or co-chair of subcommittee to work on related goals or goals of interest within the child injury prevention strategic plan
		On the local level, implement strategies of the state plan corresponding with proposed local strategies; and participate in statewide efforts related to local strategies

DATA & EVALUATION

GUIDANCE:

An Evaluation and Performance Improvement Plan is a required document to apply for this funding, see Appendix G for guidance and additional details. A detailed Evaluation and Performance Improvement Plan (EPIP) is required as it will form the foundation of project evaluation and performance improvement for the entire five-year project period. During Project Year 1, there will be an expectation for funded projects to: 1) revise the submitted evaluation and performance improvement plan with input and feedback from the ODH Program Consultant; 2) transfer approved evaluation and performance improvement plan into an operational tracking document with defined reporting measures; 3) monitoring outcomes to inform performance improvement; and 4) Identify and develop knowledge of data sources.

Revise the submitted evaluation and performance improvement plan based on feedback from ODH, revising the submitted plan is an activity of project year 1 and is critical to setting a foundation for performance improvement and short and long term evaluation measures. The plan will need to address: performance measures and targets, frequency of data collection, quality assurance of data, how performance measures will demonstrate progress toward achieving long term goals, process and outcome evaluation measures, how evaluation measures will inform continuous quality improvement, final evaluation findings, and dissemination of findings.

- a. The resulting plan should be utilized by funded projects to form the basis of the other Data and Evaluation required activities. Funded projects will submit a revised evaluation and performance improvement plan to ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1.

Operationalize the evaluation and performance improvement plan (EPIP), funded projects must utilize the ODH-approved EPIP to develop a tracking and measurement framework. The framework must include reporting measures as guided by proposed project activities and ODH. The intent of this activity is to utilize the approved EPIP to guide implementation and reporting activities.

- a. For Project Year 1, funded applicants will provide a tracking and measurement framework including reporting measures and corresponding documents that will be reported to ODH on a quarterly basis. This documentation and reporting form should be developed and provided to ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1.

Following a written protocol, monitor outcomes to inform performance improvement (e.g. develop a protocol defining how project personnel will continuously obtain and review data to identify impact of strategies and revise program directions as needed). While tracking documents are an expectation for the required activity referenced directly above, funded applicants should identify and outline specific monitoring activities that will take place. A written protocol outlining how the data will be obtained, updated, and monitored should be adopted by project personnel. Funded applicants should outline how the monitoring will take place on an ongoing basis; and on any modifications to implementation strategies based on review of outcomes and the framework to inform prevention activities.

- a. For Project Year 1, a written protocol outlining how the tracking and measurement framework and reporting measures will be populated and reviewed will be developed and submitted to the ODH program consultant per the timeframes in the attached deliverables in Appendix C1.

Identify and Develop Knowledge of Data Sources, while there are state-level data sources available, it can be challenging to obtain local data and identify new data sources that may assist in guiding prevention efforts. This required strategy is to provide dedicated time within this project to consider, identify and learn about potential new data sources. Additionally, projects may choose to develop and implement surveys to inform their proposed activities.

Required Long-term Objective – Data and Evaluation: By September 30, 2023, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.		
Focus Areas	Required Strategies	Pick List of Activities – <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed, then it is a requirement.</i>
Data & Evaluation	Implement Evaluation & Performance Improvement Plan (EPIP)	Revise the submitted performance improvement and evaluation plan based on feedback from ODH
	Transfer Evaluation & Performance Improvement Plan to Reporting Measures/Reporting Template	Operationalize the evaluation and performance improvement plan by developing a tracking framework or system and reporting measures
	Utilize Evaluation & Performance Improvement Plan to Inform Program Interventions	Following a written protocol, monitor outcomes to inform performance improvement (e.g. continuously review incoming data to identify impact of strategies and revise program directions as needed)
	Identify and Develop Knowledge of Data Sources	Identify and develop potential data sources for local data
		Identify a relevant data source and develop knowledge and expertise on use of the data and integration into local program
Suggested Supportive Activity:		
	Participate in the OIPP Data Action Group meetings to learn about injury-related data sources and integrate new data sources into local program as needed	

POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES (PSEC) & PSEC SUPPORTIVE STRATEGIES

Child Traumatic Brain Injury – Long term objective- The XYZ Agency will reduce fatalities resulting from traumatic brain injuries among children aged 0 to 18 within XYZ county by XX%.

GUIDANCE for Policy, Systems, and Environmental Changes:

Policy, Systems, and Environmental Changes (PSEC) strategies include steps taken or facilitated by program staff to bring about development of or change in policy. PSECs may include ordinances, organizational policies, environmental changes, health care system changes, systemic integration of community-based interventions, regulations, etc. **Impacting PSEC goals should be the primary focus of your activities.** **Training and education of key stakeholders and media campaigns, should be supportive activities for evidence-based PSECs.** Funded projects will describe plans to implement and demonstrate progress on the 4 required PSEC-related strategies.

Local health departments and hospitals have an essential role in ensuring that decision makers and partners have the best available evidence to prevent injuries through active participation in the policy process. For example, programs play an important role in using scientific evidence and epidemiological data to educate both internal and external decision makers and partners about the child injury prevention and other related health issues. In addition to educating about the burden of child injury prevention, and corresponding public health problem issues, health-related organizations also have a role to play in presenting information about evidence based policy interventions when describing strategies to prevent child injury. Public health agencies have a role to play in all types (organizational, regulatory, and legislative) of policy initiatives.

These subgrantees are supported by the funding from the Centers for Disease Control and Prevention (CDC). Federal funds may not be used directly or indirectly “to favor or oppose any legislation, law, ratification, policy, or appropriation” or “to support or defeat any legislation pending before the Congress or any state legislature”.¹ CDC does not use or allow grantees/contractors/subgrantees to use appropriated funds, directly or indirectly, to lobby any federal or state legislative body. These prohibitions do not impact subgrantees’ ability to communicate through a normal and recognized executive relationship and grantees are allowed to participate in the normal policymaking and administrative processes within the executive branch of their state and local government, if within appropriate boundaries².

Allowable activities related to contact with public policymakers vary by organization; therefore, it is important to consult internal agency or organizational rules, state laws, and (where applicable) federal laws to ensure full compliance in addition to consulting your ODH Program Consultant.

PSEC Supportive strategies are intended to support the implementation of policy, systems and environmental changes. Independent Direct Education/Services and individual programs should be kept to a minimum of grant-related effort. These activities must enhance and complement primary PSEC activities, but are not meant as stand-alone initiatives. **Please note:** The listed PSEC supportive strategies are not requirements, but can be included as a step in the applicants work plan. PSEC Supportive strategies related to health care provider education and training, and media advocacy and awareness are intended to support the implementation and promotion of policy, systems, and environmental changes (PSEC) outlined above.

¹ Lobbying of Federal or State Legislative Bodies Memo, June 11, 2003. (Document cites the following two laws: Federal Law 18 USC 1913 and The Department of Health and Human Services Appropriation Act, 2003 (Pub. L. 108-7). Retrieved from <http://pgo.cdc.gov/pgo/webcache/Regulations/Lobbying%20of%20Federal%20or%20State%20Legislative%20Bodies%20Memo%206-11-03.pdf>

² CDC Implementation of Anti-Lobbying Provisions. Retrieved from: http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

Required: Applicants must address four PSECs within at least two of the following Focus Areas listed below: Occupant Protection – Child Passenger Safety; Occupant Protection – Teen Driving; Traumatic Brain Injury – Sports and Recreation; Traumatic Brain Injury – Safe, Active Transportation; and Violence.

A) Occupant Protection – Child Passenger Safety

Strategies for *Occupant Protection – Child Passenger Safety* focus on implementation of standardized use of the Ohio CPS Toolkit, and the identification of data and strategies to increase awareness and appropriate use of child safety restraints. The CPS Toolkit was developed by the Child Injury Action Group and ODH is focused on increasing uptake in a systematic way. The awareness and appropriate use section offers an opportunity to identify local data or administer a survey to understand parental awareness to ensure efforts are focused on the most needed topics. Supporting activities aren't required, but should be addressed within the proposed work plan if the applicant is planning to advance these specific supportive strategies. Proposals should focus on the implementation of strategies, identification of potential partners, and any anticipated barriers to implementation. If a county has an ODH Occupant Protection Regional Coordination grant, applicants should secure a letter of support for the proposed activities to ensure they're additive and not duplicative of any other local efforts or other ODH grant activities.

B) Occupant Protection – Teen Driving

Strategies for *Occupant Protection – Teen Driving* center on increasing awareness of and adherence to Ohio's Graduated Drivers Licensing (GDL) Law. GDL laws are proven to save lives, but need strong parental involvement to ensure adherence. Schools have a role to play as a central gathering place for parents and novice drivers. In partnership with Impact Teen Driver, ODH has developed a module for parents and students explaining the GDL laws with interactive features demonstrating the effectiveness of various aspects of the law. ODH is interested in increasing standardized use of the interactive module within driving schools, schools, local BMVs, and as a tool to engage law enforcement. While awareness is a critical component of these strategies, applicants should focus proposals on implementation of policies and systems to consistently distribute information.

C) Traumatic Brain Injury – Sports and Recreation

The *Traumatic Brain Injury – Sports and Recreation* strategies focus on increasing the systematic use of the Ohio Return to Learn Concussion Team Model (Ohio RTL/CTM). Once a county achieves widespread uptake of the Ohio RTL/CTM or other standardized tools for schools to return a child to the learning environment, additional strategies related to community and clinical linkages exist to build infrastructure and systems for clinicians, schools, and parents to communicate effectively about their child. PSEC Supportive strategies are available to continue to raise awareness of Ohio's Return to Play Law.

D) Traumatic Brain Injury – Safe, Active Transportation

Strong collaborations should be a cornerstone of strategies related to *Traumatic Brain Injury – Safe, Active Transportation*. If a county has an ODH Creating Healthy Communities Grant, applicants should secure a letter of support for the proposed activities to ensure they're additive and not duplicative of any other local efforts or other ODH grant activities.

<https://www.odh.ohio.gov/health/healthylife/createcomm/Active%20Living/Active%20Transportation.aspx>

Additionally, strong partnerships will be needed with local planning, transportation, city council, businesses, and schools to make an impact on these strategies.

E) Violence – Youth Suicide

For the *Violence – Youth Suicide* topic, no strategies should be undertaken without input from existing community coalitions currently focused on this topic. Priority will be given to applicant's projects are addressing students with disabilities due to their increased risk of suicide attempts. If applicants are applying for the youth suicide prevention focus area, a letter of support is required from the local mental health board, and suicide prevention coalition if one is functioning within the county. For a list of Ohio's county suicide prevention coalitions and their contact information, visit Ohio Suicide Prevention Foundation's interactive map at <http://ohiospf.org/map.php>

Required Program Objective – Child Passenger Safety: <i>By September 30, 2023, XYZ Agency will increase percentage of children restrained during a motor vehicle crash by INSERT ACTIVITY FROM PICK LIST BELOW.</i>		
Focus Areas	Strategies	Pick List of PSECs –
Occupant Protection-Child Passenger Safety	Implement Ohio standardized Child Passenger Safety Toolkit	Provide technical assistance to agencies in creating a policy on use of CPS Toolkit in waiting rooms, rooming procedures, WIC visits, home visits, and other touchpoints for parents with young children
		Develop model policy and implementation guidance for standardized use of CPS Toolkit within local pediatric offices
		Develop model policy and implementation guidance for standardized use of CPS Toolkit with Job & Family Service Visits
		Develop model policy and implementation guidance for standardized use of CPS Toolkit with local home visiting program
		Identify and implement policies on standardized use of CPS Toolkit in innovative settings
	Increase awareness and appropriate use of comprehensive child restraint systems	Identify potential data sources to gain a baseline of parental awareness and use of child safety seat laws and best practice; as needed, develop local survey to identify usage and awareness
		Develop and implement system to connect low income families receiving a citation from local law enforcement with Ohio Buckles Buckeyes (OBB) program
		Develop and promote model local ordinances for primary enforcement of booster seat aged children
	PSEC Supportive	
	Participate in Child Injury Action Group, Occupant Protection subcommittee, to	

Appendix

	develop and implement Booster Seat Awareness Campaign	
	Partner with local OBB Coordinator to promote and facilitate in local car seat events (must be separate from events funded by other ODH grants and applicant agency must have a Child Passenger Safety Instructor on Staff to participate)	
	Partner with local Fitting Stations to provide technical assistance or guidance at appointments and to help Fitting Station services.	
	Implement intensive social marketing campaign to promote best practices (e.g. rear facing until 2, tether use, booster seat use, etc.) https://www.cdc.gov/motorvehiclesafety/child_passenger_safety/strategies.html	
Required Program Objective – Teen Driving: <i>By September 30, 2023, XYZ Agency will decrease motor vehicle crashes involving teens aged 16 – 20 by INSERT ACTIVITY FROM PICK LIST BELOW</i>		
Focus Areas	Required Strategies	Pick List of PSECs –
Occupant Protection- Teen Driving	Implement ODH GDL Parent/Student Engagement module.	Facilitate implementation of policy that local in-person driving schools will utilize the ODH GDL module in their curriculum
		Facilitate implementation of policy at local high school requiring viewing of ODH GDL module and GDL educational materials included as requirement for receiving parking passes
		Facilitate implementation of policy for local BMW to view ODH GDL module and distribute educational material upon application or receipt of learners permits and stage 1 license
	Integrate inclusion of GDL law into local school policies	Assess and evaluate school district policies in your county on compliance with the Ohio GDL law
		Provide technical assistance to schools on development and implementation of GDL policies in compliance with Ohio law
		Facilitate any necessary update to school handbooks to address compliance with Ohio GDL Law
PSEC Supportive		
	Participate in Child Injury Action Group, Occupant Protection subcommittee on GDL toolkit for high schools	
	Create and implement a local awareness campaign on GDL law for your county. https://www.nhtsa.gov/road-safety/teen-driving http://www.impactteendrivers.org/resources/videos/gdl/ohio	

Appendix

Required Program Objective – TBI – Sport & Rec: <i>By September 30, 2023, XYZ Agency will decrease the rate of TBI-related emergency department visits by INSERT ACTIVITY FROM PICK LIST BELOW.</i>		
Focus Areas	Required Strategies	Pick List of PSECs –
TBI: Sports and Recreation	Implement Ohio Return to Learn/Concussion Team Model in local schools	Assess local schools on implementation of Ohio’s Return to Learn/Concussion Team Model, identify areas of low uptake to focus implementation efforts
		Provide technical assistance to local schools on the development and implementation of a policy to utilize Ohio Return to Learn/Concussion Team Model, OR Offer training and technical assistance on model policies, and serve as a resource during adoption of Concussion Team Model
	Enhance community clinic linkage for students experiencing TBIs	Assess the gaps in referral networks and systems between local hospitals/pediatric offices and schools after a student sustains a concussion (e.g. specific focus on return to learning environment)
		Provide technical assistance to local hospitals/pediatric offices to develop model policies and procedures to link health care provider and school staff https://www.cdc.gov/traumaticbraininjury/pubs/congress-childrentbi.html
		Implement policies and procedures to build and sustain referral network or systems to link concussed children to their school https://www.cdc.gov/traumaticbraininjury/pubs/congress-childrentbi.html
PSEC Supportive		
	Work with local coalition to develop and implement Return to Play campaign for high schools and sports organizations	
	Partner with Child Injury Action Group to implement a standardized traumatic brain injury information sheets for both parents and students and distribute within the community	
Required Program Objective – TBI – Safe Active Transportation: <i>By September 30, 2023, XYZ Agency will decrease the rate of bicycle OR pedestrian injuries by INSERT ACTIVITY FROM PICK LIST BELOW</i>		
Focus Areas	Required Strategies	Pick List of PSECs –
Traumatic Brain Injury-Safe Active Transportation	Implement healthy transportation strategies to prevent child bike/pedestrian injuries	Facilitate implementation of a comprehensive Safe Routes to School Program at a local school https://www.safestates.org/page/SafeRoutesToSchool?&hsearchterms=%22safe+and+routes+and+school%22

		http://www.dot.state.oh.us/Divisions/Planning/ProgramManagement/HighwaySafety/ActiveTransportation/Pages/SRTS.aspx
		Facilitate adoption of Complete Streets or Smart Growth policies within the community https://smartgrowthamerica.org/ https://www.smartgrowthamerica.org/app/legacy/documents/cs/cs-brochure-policy.pdf
		Partner with local businesses to provide helmets, bicycle helmet fitting, and HEADS UP concussion education to local schools in high risk areas https://www.cdc.gov/headsup/helmets/index.html
PSEC Supportive:		
	Promote the statewide Your Move campaign at a local level www.yourmove.ohio.gov	
Required Program Objective – Violence Prevention – Youth Suicide: <i>By September 30, 2023, XYZ Agency will decrease the rate of youth suicide by INSERT ACTIVITY FROM PICK LIST BELOW</i>		
Focus Areas	Required Strategies	Pick List of PSECs –
Violence Prevention- Youth Suicide	Strategic Planning for Prevention of Youth Suicide	In conjunction with a local coalition, develop a strategic plan that includes evidence-based strategies to reduce youth suicide to be implemented https://www.sprc.org/effective-prevention/strategic-planning
	Increase Protective Environments & Promote Connectedness for Children	Partner with local Emergency Departments to create a policy on lethal means education regarding youth suicide https://www.sprc.org/news/lethal-means-counseling-hospital-emergency-departments Recommend policy has Emergency Departments incorporating the CALM training https://training.sprc.org/enrol/index.php?id=3
		Partner with local mental health/addiction and schools to implement youth suicide prevention initiatives utilizing evidence-based strategies by utilizing at least 2 of the identified strategies outlines in CDC’s Technical Package for Suicide Prevention. https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf
		Partner with local elementary, middle, or high schools to implement <u>evidence-based</u> peer norm programs to improve adaptive norms regarding. https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

		https://www.sprc.org/effective-suicide-prevention https://www.cdc.gov/violenceprevention/pdf/ASAP_Suicide_Issue3-a.pdf
PSEC Supportive		
	<p>Conduct media campaign to promote safe storage of medications, firearms, and other household products to protect children from easy access to these lethal means. Applicant must ensure they follow safe messaging recommendations on suicide prevention.</p> <p>http://suicidepreventionmessaging.org/safety</p> <p>*Additional information on means reduction can be found at http://suicidepreventionmessaging.org/safety</p>	

RFP APPLICATION INSTRUCTIONS

CHILD INJURY PREVENTION GRANT

Only one application per agency will be reviewed. To form the application to ODH, respond to the prompts by fully addressing the statements or questions within each section. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once the RFP is posted on the ODH website, and a notice of intent to apply for funding has been submitted. Attachments should be named as outlined below and attached in GMIS 2.0 per system instructions.

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

The following components are required:

- A. Executive Summary: 1-page limit** – named “Agency Name_ Executive Summary_2019”
- B. Program Narrative: 25-page limit** – named “Agency Name_Program Narrative_2019”
 - 1. Description of Applicant Agency and Documentation of Eligibility**
 - 2. Problem/Need**
 - 3. Methodology Narrative**
 - a) Partnerships, Coalition Building, and Coalition Evaluation**
 - b) Data and Evaluation**
 - c) Policy, Systems, and Environmental Change (PSEC) & PSEC Supportive Strategies**
 - 4. Sustainability Plan**
- C. Annual Work Plan** (Appendix F): **no page limit** - named “Agency Name_Annual Work Plan_2019”
- D. Evaluation and Performance Improvement Plan** (Appendix G): **10-page limit** – named “Agency Name_EPIP_2019”
- E. Budget Justification** (Appendix N-use scenario 3): **no page limit** – named “Agency name_Budget Justification_2019”
- F. Key Personnel Form** (Appendix J) named “Agency Name_Key Personnel Form_2019”
- G. Community Demographics Table** (Appendix I): named “Agency name_Community Demographics_2019”
- H. Resumes and Position Descriptions** – **no page limit** - named “Agency Name_Job Descriptions and Resumes_2019”
- I. Letters of Support** – **no page limit** – named “Agency Name_LOS_2019”

*******Follow the instructions/templates below for each section referenced above*****

Instructions for Executive Summary

A. Executive Summary

The Executive Summary **must be limited to one page**. It should be submitted on a separate page. The Executive Summary will be used for legislative and public inquiries about proposed programs.

- Describe the injury problems that the program will address.
- Provide justification for why these injury problems were chosen. What planning factors lead to the decision to propose this project?
- List program goal(s) and objectives.
- Briefly describe:
 - Who the project will be serving, including demographics.
 - Location of project activities (e.g., schools, community, worksite, healthcare).
 - Role of your partners/coalition.
- Describe how the project will be evaluated.
- State the total funds that are being requested and how they will be primarily used.

Instructions for Program Narrative

B. Program Narrative

1. Description of Applicant Agency and Documentation of Eligibility:

Eligibility

- Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Experience in and Capacity to Address Injury Prevention

- Briefly summarize any existing injury prevention efforts managed by your agency related to the focus area chosen.
- Provide information on other sources of grant and local funding your agency has for existing injury prevention activities. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.
- Describe other experience by your agency in managing and conducting injury prevention programs. If none, briefly describe experience in managing and conducting another population-based public health program.

Personnel

- **Funded projects must employ one full time staff (no fewer than 1,700 hours per year) assigned as the Child Injury Prevention Coordinator whose sole duties are to administer the Child Injury Prevention Program and related grant activities.** Provide documentation that demonstrates compliance with this requirement on the **Key Personnel Form - Appendix J**.

- List all personnel who will be directly involved in program activities and working on the grant on **Appendix J**. Include the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program. Attach position description and resumes in attachment section of GMIS 2.0 for all relevant program staff. Provide position descriptions for any new positions to be created.
- How many program staff within your agency work on injury prevention-related efforts?

Hiring and Training

- Describe plans for hiring and staff training as necessary to implement the project. Describe on-going training activities as appropriate. Include details about the type of training routinely provided to new staff. Include a statement here to ensure that all involved program staff will have experience or receive training in concepts of population-based injury prevention and control.
- Applicants should demonstrate that staff have experience or will be trained in the **Core Competency Areas for Violence and Injury Prevention Professionals** as defined by the Safe States Alliance/SAVIR National Training Initiative at: <http://www.safestates.org>. Please describe plans to assure that staff are working toward achieving the Core Competency Areas. Resources for training are provided at <http://www.safestates.org>. Budget may include costs associated with staff training related to the core competency areas.
- Is (or will) your agency/staff (become) a member(s) of Safe States Alliance?
<http://www.safestates.org> Yes ____ No ____

Contracts

- If any objectives of the grant are to be implemented through a contract, include background information about the contracting agency or individuals, if known. Include all work to be conducted through contracts in the methodology. If contracts are to be determined, they will need to be pre-approved by ODH before contract initiation.

Capacity to Address Disparities

- Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

2. Problem/Need:

*Use this section to identify and describe the local health status concern that will be addressed by the program. **Do not restate national and state data.***

Description of the Child Injury Problem

- Describe the child injury problems that the program will address. Include descriptions of local child injury rates and related risk factors.
- Provide support as to why this is a problem in your community at this time (include local data, not just national and state data). Describe any primary (self-collected, needs assessment, etc.) and

secondary (existing) data that describes the problem and justifies the need for your program.

Disparities

- Explicitly describe segments of the target population who experience a disproportionate burden of local child injury rates (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies). Complete and submit a summary of the health disparities, health inequities and social determinants of health in preventing childhood injury prevention related to traumatic brain injury, violence prevention (suicide prevention and child maltreatment), child occupant protection, and teen driving using local and state data, when available. Consideration should be given to how Adverse Childhood Experiences (ACEs) impact the health disparities. This should include immigrant children/families and those with access and functional needs. The summary should include how your agency plans to address the disparities related to each topic selected and must correlate with the Statement of Intent to Pursue Health Inequity Strategies.

Potential Data Sources:

https://www.cdc.gov/safechild/pdf/National_Action_Plan_for_Child_Injury_Prevention.pdf

<https://www.childrenssafetynetwork.org/topics/injury-disparities>

http://huhealthcare.com/education/colleges/medicine/research/child-health-disparities/~media/Images/RCCHD/Tish_RCCHD_webinar2015.ashx

<https://www.cdc.gov/violenceprevention/acestudy/index.html>

<https://www.odh.ohio.gov/health/vipp/data/datapub.aspx>

Planning Process

- Indicate if a needs assessment has been completed within the past two years. Provide a brief summary of the needs assessment process.

Existing Programs and Gaps in Programming

- Include a description of other agencies/organizations also addressing this problem/need.
- Describe potential gaps in child injury prevention programs and services in the community. How will the proposed project fill these gaps?

Barriers

- Describe any barriers/anticipated barriers in implementing child injury prevention activities and strategies for overcoming these issues.

3. Methodology Narrative

Include a narrative description of your project methodology including your overall goal in this section as instructed below. **Refer to Appendices D-E to complete this section.** In addition to the Program Narrative, applicants must also provide an annual plan by completing **Appendix F- Work Plan Template**.

Overall Project Description

- List long-term objective in SMART format – preferred format available in Appendix F
 - Describe how program activities will address child injury prevention disparities in your community. Disparities may be based on race/ethnicity, sex, socio-economic status, geography, sexual orientation, disability, age etc.
 - Provide rationale for why the particular strategies and activities chosen are appropriate to the community.
 - Describe the setting(s) or location(s) for your proposed activities; i.e., community, school-based, worksite, healthcare.
 - Describe the evaluation measures that will be used to determine the overall success of the program. Describe impact measures as well as process/activity-level measures.
 - If proposing additional activities in addition to those outlined on the “Pick List of Activities,” include a description of the evidence-based strategies you have selected and rationale for why these were chosen. Include a reference that validates the effectiveness of the strategies. Refer to **Appendix D- Required Grant Strategies and Guidance**.
- a) Partnerships, Coalition Building, and Coalition Evaluation** - Each child injury Prevention project is required to develop a coalition or expand an existing one through this grant in order to implement the required strategies. Additionally, existing coalitions must be evaluated during year 1. See **Appendix D- Required Grant Strategies and Guidance**.
- List the Required Program Impact Objective that is customized to the county applicant.
Required Program Impact Objective – Partnerships, Coalition Building and Coalition Evaluation: *By September 30, 2023, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.*
 - Do you have an existing coalition or will you be developing a new one?

If **EXISTING**, complete this section:

- Describe your Child Injury Prevention coalition/partnerships. Include a description of the structure including leadership (e.g. Chair, co-chairs, executive committee, etc.) and other

committees. **Attach a list of coalition members or proposed coalition members with representing agencies.** Attach a copy of any existing bylaws or governance documents.

- Describe coalition members from diverse communities including racial and ethnic minority populations and parents of children with disabilities and/or disability advocates.
- Describe changes to your coalition over the past year (e.g., has it grown or become smaller, has the structure or leadership changed, have the changes been positive or provided challenges). Describe any concerns or challenges you have faced in further developing and growing your coalition. How have you addressed these challenges?
- Describe the role of key coalition members and partners related to your project activities. Attach a letter of support from each key partner.
- Describe planned coalition activities and initiatives during 2019.
- Describe plans to evaluate your coalition in year 1. Resources and a template will be made available from ODH for the applicant's use in completing the coalition evaluation.

If **COALITION IS NEW**, complete this section:

- Describe plans to develop your community child injury prevention coalition. Describe recruitment efforts, organizations to be contacted and potential coalition structure.
- Describe plans to recruit coalition members from diverse communities including racial and ethnic minority population, parents of children with disabilities and/or disability advocates, AS WELL AS MEMBERS FROM POPULATION AFFECTED BY CHILD INJURIES.
- Describe the proposed role of key coalition members and partners related to your project activities. Attach a letter of support from each key partner.
- Describe planned coalition activities and initiatives during 2019.

State Coalition and Strategic Plan Support

- Describe applicant commitment to supporting state coalition and state plans. Include a statement on which two activities applicants plans to implement from the deliverable listing.
- If possible, include information about applicant agency's current involvement with the state coalition, and discuss approach to integrating state plan and local initiatives.

b) Data and Evaluation – Projects will be data-driven and seek to improve the collection of child injury data and child injury risk factor information.

- List the required program objective that is customized to the county applicant. Required Objective – Data and Evaluation – By September 30, 2019, *XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.*

- Please identify qualified staff members or contractor that will be engaged to revise the Evaluation and Performance Improvement Plan during year 1.
- Discuss available data sources being considered for the evaluation and performance improvement plan. Describe any primary (data collection) or secondary (e.g., analysis, linkage, etc.) surveillance activities and use of data (e.g., reports) in your proposed project. Describe how data will be obtained and used to support other project initiatives.
- For the purposes of the application, a draft logic model and evaluation and performance improvement plan should be submitted separately. Please see Appendix G for guidance. The EPIP and logic model can be submitted separately and should not exceed ten pages.
- Describe how data will be used to identify groups who are disproportionately impacted by unintentional child injury.
- Describe any planned activities related to improving the quality and/or use of child injury data.

**c) Policy, Systems and Environmental Change (PSEC) & PSEC Supportive Strategies:
(See Appendix D for Guidance for Required Grant Strategies)**

- List all four PSEC Program Impact Objectives that have been customized for the county
- For each of the proposed PSEC strategies, include the following:
 - Identify key local implementation partners and provide a letter of support outlining their commitment to the proposed PSEC strategy, along with evidence of involvement with local coalition and planning activities.
 - Describe plans related to policy development, adoption, implementation or enforcement activities. These may be organizational policies (e.g., healthcare systems or workplace), ordinances, regulations or system changes. Describe which coalition members/partners will be engaged in this effort, what settings will be affected and how the efforts will be evaluated.
 - Describe proposed environmental and systems change interventions and how they will lead to achievement of outcomes and goals. Describe which coalition members will be engaged in this effort, how disparities will be addressed, what settings (community, school, worksite, healthcare) will be affected and how the efforts will be evaluated.
 - Describe examples of any previous successes in this area for your community or agency.
 - What methods will be used to engage key stakeholders and decision-makers in order to ensure project success? Who are the anticipated opponents to the changes? Describe activities to engage opponents in order to understand their perspectives and provide information/education.

- Describe strategies to promote enforcement and education of any new policies or laws to increase their effectiveness.
- What systems will be developed, enhanced, improved, changed, etc. to reduce child injury risk factors?
- How will you evaluate the effectiveness of these efforts?

Social Marketing Campaigns

- If a media supportive strategy is selected, describe available “media” outlets in your community and how you plan to use them to accomplish proposed activities, e.g., traditional media (newspapers, radio, TV); social media (websites, Facebook); and other (movie theater previews, buses, yard signs, community events, sporting events, etc.).
- Describe planned media strategies/campaigns including the proposed audience. Describe which coalition members will be engaged in the effort, how disparities will be addressed, what settings will be affected and how the efforts will be evaluated.
- How will messages be tailored for your proposed audience?
- How will the media be used to elevate “child injury” as a significant public health threat among your target population?

4. Sustainability Plan:

Sustainability means ensuring that an effort or change is lasting. It does *not* necessarily require securing additional funding for a program that would otherwise end, although leveraging funding can be an effective sustainability strategy. Sustainability can be achieved by changing individual, organizational, system or institutional policies, practices, norms, attitudes, etc.

Include a description of how you will sustain child injury prevention activities in your county if funding is no longer available through ODH.

Include a description of how additional funding or in-kind contributions may be leveraged through use of the ODH grant funds. Please be as specific and detailed as possible.

WORK PLAN INSTRUCTIONS

Use these instructions to complete the Template Annual Work Plan available below. Each agency will receive an Excel document that can be updated to include their specific proposed activities.

Complete the annual work plan (Appendix F) and provide at least one Impact Objective for each of the following:

1. Partnerships, Coalition Building, and Coalition Evaluation
2. Data and Evaluation
3. Policy, Systems and Environmental Change Strategies (applicant must select 4 PSECs within two of the below focus area)
 - a) Occupant Protection – Child Passenger Safety
 - b) Occupant Protection – Teen Driving
 - c) Traumatic Brain Injury – Sports and Recreation
 - d) Traumatic Brain Injury – Safe Active Transportation
 - f) Violence Prevention – Youth Suicide

For the purposes of this application, please provide a detailed 9-month work plan for project year 1 which covers **1/1/2019 – 9/30/2019**. Applicants must include required activities for each focus area in the population-based areas. Review **Appendix F** for additional guidance on required activities.

1. Long Term Outcome Objective: Complete at least one (1) long term outcome objective that should remain consistent for each category (Partnerships, Coalition Building and Evaluation; Data and Evaluation, PSEC Strategies). A suggested long-term outcome objective is: **The XYZ Agency will reduce fatalities resulting from traumatic brain injuries among children aged 0 to 18 within XYZ county by XX%.**

2. Program Impact Objectives

- Required program impact objectives are listed in **Appendix D-Required Grant Strategies**.
- Customize each program impact objective to reflect county-specific activities.
- Complete the appropriate Annual Work Plan section for each program impact objective.
- The required program impact objectives are also included in the work plan template.
- Program impact objectives should have an annual timeframe and build logically toward the long term outcome objective.

3. Impact Evaluation Indicator: Briefly state the impact evaluation indicator as defined in the objective. What will tell you whether or not you have achieved your program impact objective? What changes will have occurred (i.e., policy adopted, systems change is in place, new resources/facilities available in the community, practices adopted, personnel hired, or referrals increased)?

4. Community or Location: Describe the community setting or location for the intervention.

5. Intended Outcome: Identify the ultimate outcome for the PSEC that occurs for each Impact Objective. These outcome evaluations should address the behavior changes that occur as a result of your intervention. The impact should be measurable from data collected throughout the year(s).

6. Revised from Year 2 Work Plan: Please leave this section blank. This format will be used to form a five-year work plan and this section isn't necessary for the purposes of the application.

7. **Required Strategies:** The required strategies are outlined in Appendix D. While there are straightforward required strategies for Partnerships, Coalition Building and Coalition Building (i.e. maintain coalition) and Data and Evaluation focus areas, the PSEC activities aren't as well defined. Please use this space to include the required strategies as outlined in Appendix D.
8. **Activities or Steps Proposed:** For each Required Strategy write the required Activities that explain what you are going to do and when you are going to do it. Activities should logically connect and follow from objectives.
9. **Person and Agency Responsible:** Identify the person and agency responsible for completing the activities.
10. **Timeline – Start and end date:** Assign a timeline including start and end dates for each activity; state the time period (in dates) when the activity will take place. **Do not list the entire project year as the start and end dates**; consider the length of time each implementation step will take to accomplish and note those dates here.
11. **Priority Population:** List the populations - intermediate (influential and credible persons, leaders, decision-makers, professionals) and ultimate (children/older adults) that will be targeted to achieve objectives.
12. **Evaluation Measures for Success:** Describe how the activities will be evaluated for success. Describe the method for ensuring that each activity has been completed, e.g. survey data, number of providers trained, focus group results, etc. The method should be well thought out and specific evaluation tools completed before the project begins.

Complete the work plan template (Appendix F) for each area, save all objectives in one file and name “insert agency name_Annual Work Plan_2019”. Please attach the Excel file in GMIS 2.0.

**2019 Child Injury Prevention
ANNUAL WORK PLAN 2019**

County/Countries:		Agency:	
Grant#:		Contact Name:	
Project Title:			

SECTION I - ANNUAL WORK PLAN (2019)

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.**

Coalition Building							
Long Term Objective:							
Program Impact Objective:	Insert Coalition Building Objective						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
		Start	End				
Data and Evaluation							
Long Term Objective:							
Program Impact Objective:	Insert Data and Evaluation Objective						
Impact Evaluation Indicator:							
Community or Location:							

Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				
Policy, Systems and Environmental Change (PSEC) Strategies							
PSEC Strategy #1							

Long Term Objective:							
Program Impact Objective:	Insert PSEC #1						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Spectrum of Prevention - <i>Underline/bold applicable</i>	Policy	Organizational Practices	Coalitions	Provider Education	Community Education	Individual Knowledge	
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

PSEC Strategy #2							
Long Term Objective:							
Program Impact Objective:	Insert PSEC #2						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Spectrum of Prevention - <i>Underline/bold applicable</i>	Policy	Organizational Practices	Coalitions	Provider Education	Community Education	Individual Knowledge	
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write actual objective or paraphrase)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

PSEC Strategy #3							
Long Term Objective:							
Program Impact Objective:	Insert PSEC #3						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Spectrum of Prevention - <i>Underline/bold applicable</i>	Policy	Organizational Practices	Coalitions	Provider Education	Community Education	Individual Knowledge	

Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				
PSEC Strategy #4							
Long Term Objective:							
Program Impact Objective:	Insert PSEC #4						
Impact Evaluation Indicator:							
Community or Location:							

Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Spectrum of Prevention - <i>Underline/bold applicable</i>	Policy	Organizational Practices	Coalitions	Provider Education	Community Education	Individual Knowledge	
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				
PSEC Supportive Strategies							
PSEC Supportive Strategy #1							

Long Term Objective:							
Program Impact Objective:	PSEC Supportive Strategy #1						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Spectrum of Prevention - <i>Underline/bold applicable</i>	Policy	Organizational Practices	Coalitions	Provider Education	Community Education	Individual Knowledge	
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

PSEC Supportive Strategy #2							
Long Term Objective:							
Program Impact Objective:	PSEC Supportive Strategy #2						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Spectrum of Prevention - <i>Underline/bold applicable</i>	Policy	Organizational Practices	Coalitions	Provider Education	Community Education	Individual Knowledge	
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

Appendix F

Evaluation and Performance Improvement Plan (EPIP) Guidance

Background/Purpose: Submission of an Evaluation and Performance Improvement Plan (EPIP) for the proposed project is a requirement of this funding opportunity. Effective program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate. The Framework for Evaluation in Public Health (see links below) guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of program evaluation. Reviewing the [steps](#) and [standards](#) of this framework will allow for an understanding of each program's context and will improve how program evaluations are conceived and conducted. Furthermore, the framework encourages an approach to evaluation that is integrated with routine program operations. The emphasis is on practical, ongoing evaluation strategies that involve all program stakeholders, not just evaluation experts. Understanding and applying the elements of this framework can be a driving force for planning effective public health strategies, improving existing programs, and demonstrating the results of resource investments.

The purposes of the framework are to:

- summarize the essential elements of program evaluation,
- provide a framework for conducting effective program evaluations,
- clarify steps in program evaluation,
- review standards for effective program evaluation, and
- address misconceptions regarding the purposes and methods of program evaluation.

Evaluation framework materials and resources

1. [Framework for Program Evaluation in Public Health](https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf) – MMWR 1999;48(No. RR-11)
<https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>
2. [Overview of the Framework](https://www.cdc.gov/eval/materials/frameworkoverview.pdf) – Provides 3-page key points from framework
<https://www.cdc.gov/eval/materials/frameworkoverview.pdf>
3. [Framework Summary](https://www.cdc.gov/eval/materials/frameworksummary.pdf) – Provides summary of the framework with details
<https://www.cdc.gov/eval/materials/frameworksummary.pdf>
4. [CDC Evaluation Framework](https://www.youtube.com/watch?v=tOjieBh1ce0) – YouTube video
<https://www.youtube.com/watch?v=tOjieBh1ce0>

Project Activities: Funded applicants will be required to revise the EPIP based on feedback and discussion with their ODH consultant as well as any evaluator(s)/contractors working with the agency to evaluate their project. Activities related to revision, implementation and monitoring of the EPIP should be included in the work plan. More information on how to develop your EPIP can be found at this site, “Developing Your Evaluation Plans: A Critical Component of Public Health Program Infrastructure”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592485/>

KEY STEPS TO DEVELOPING AN EVALUATION PLAN:



Standards Definitions:

1. Utility standards ensure that information needs of evaluation users are satisfied; they address such items as identifying those who will be impacted by the evaluation, the amount and type of information collected, the values used in interpreting evaluation findings, and the clarity and timeliness of evaluation reports.
2. Feasibility standards ensure that the evaluation is viable and pragmatic. These standards emphasize that the evaluation should employ practical, non-disruptive procedures; that the differing political interests of those involved should be anticipated and acknowledged; and that the use of resources in conducting the evaluation should be prudent and produce valuable findings.
3. Propriety standards ensure that the evaluation is ethical (i.e., conducted with regard for the rights and interests of those involved and effected). These standards address such items as developing protocols and other agreements for guiding the evaluation; protecting the welfare of human subjects; weighing and disclosing findings in a complete and balanced fashion; and addressing any conflicts of interest in an open and fair manner.
4. Accuracy standards ensure that the evaluation produces findings that are considered correct. Many of these standards include such items as describing the program and its context; articulating in detail the purpose and methods of the evaluation; employing systematic procedures to gather valid and reliable information; applying appropriate qualitative or quantitative methods during analysis and synthesis; and producing impartial reports containing conclusions that are justified.

The standards are used together throughout the evaluation process.

Conceptual Approach Design:

1. **Logic model design** – A logic model (also known as a *logical* framework, theory of change, or program matrix) is a tool used by funders, managers, and evaluators of programs to evaluate the effectiveness of a program. They can also be used during planning and implementation. Further guidance is outlined below.
2. **Identify Performance Measures** – based on your chosen PSEC strategies, describe in detail what performance measures you plan to use. Further guidance is outlined below.
3. **Develop Key Evaluation Questions** – How will the applicant define success? Are there important interactions between PSEC strategies that could be identified to strengthen them? Further guidance is outlined below.
4. **Monitoring & Assessment** – funded applicants need to describe how they intend to monitor and assess their EPIP. This section should also describe implementation activities including development and consistent use of a tracking framework. Further guidance is outlined below.
5. **Performance Improvement & Program Adjustments** – funded applicants will be expected to use the information/outcomes obtained from the on-going/annual EPIP and adjust their program activities to improve the project's performance and/or outcomes. Further guidance is outlined below.

Additional Guidance:

1. **Program Logic Model**

Logic models are flowcharts that depict program components. These models can include any number of program elements, showing the development of a program from theory to activities and outcomes. Infrastructure, inputs, processes, and outputs are often included. The process of developing logic models can serve to clarify program elements and expectations for the stakeholders. By depicting the sequence and logic of inputs, processes and outputs, logic models can help ensure that the necessary data are collected to make credible statements of causality (CDC, 1999).

EXAMPLE:

Inputs	Activities	Outputs	Shorter-term Outcomes	Medium-term Outcomes	Longer-term Outcomes
Community center financing Walking and biking trail financing Public health staff	Community center construction Trail construction Nutrition education Fitness education	Fitness class participants (number of) Nutrition education participants (number of) Trail users (number of)	Knowledge and awareness increase	Physical activity increases Nutritious food consumption increases	Obesity rate decreases

Logic models come in many shapes and forms, but most have four features:

1. **Inputs**—the resources that go into a program (e.g., the staff, supplies, or number of volunteers)
2. **Activities**—the services or programming provided (e.g., community gardens, cooking classes)
3. **Outputs**—the direct results of an organization's activities (e.g., number of garden plots created, or the number of people who took a cooking class)
4. **Outcomes**—the intended changes, or the difference the organization expects to make in someone's life, both short and long-term (e.g., short-term: greater awareness of value of a balanced diet; longer-term: lower obesity)

By filling in the boxes of a logic model, and connecting them with arrows, you demonstrate what you expect will occur as a result of your initiative. The choice of activities to effect change should be guided by evidenced-based initiatives that are known to work or effect change.

Further assistance on how to develop a Logic Model based on SAMHSA guidance:

<https://www.samhsa.gov/capt/sites/default/files/resources/developing-logic-model-guide.pdf>

2. **Identify Performance Measures** – *customized per project and topic area*

Performance measures should be identified and should form the basis of the Evaluation and Performance Improvement Plan (EPIP), and should be categorized as short, intermediate and long-term outcomes. Available data sources should be a key consideration when identifying performance measures. Funded applicants will need to include baseline data, where appropriate, as a marker for measurement. For example: the number/percentage of athletes removed from competition for suspected TBI should be established/determined prior to starting any proposed activities for that strategy (this information may already be established through local data sources or might be something the funded applicant will need to do as their first action step in the strategy). Applicants should address how performance measures will be identified; feasible and available data sources, frequency with which they will be collected and updated; and other relevant information. Applicants have the flexibility to identify and develop data sources after the start of the project, but must provide evidence of a plan or a letter of support if proposing to use a local data source and/or outside evaluator/contractor.

Process Outcomes:

Process outcomes include tracking of activities that are leading toward implementation of PSEC strategies. Examples include:

- # coalition meetings held;
- # coalition members in attendance;
- # of trainings held;
- # in attendance at training;
- # meetings with key stakeholder;
- # materials developed or distributed;

Short term Outcome Examples:

Short-term outcomes are not process outcomes or program outputs, but rather the immediate result of an implemented strategy. Funded projects should develop these based on proposed activities. The short-term outcomes should be directly related to the selected policy, systems, and environmental change strategies. Applicants should consider utilizing internal tracking systems for these data sources.

- Increase in # of schools with return to learn policy in place
- Increase in # of pediatric offices screening parents and children for injury risks

Intermediate Outcome Examples:

Intermediate outcomes should be associated with the risk and protective factors for selected project areas. Timeliness and availability of intermediate outcomes is critical. Intermediate outcomes can be more difficult to identify, and may take additional time to develop. However, preference will be given to applicants with existing data sources or identified data sources.

- Increase in # of athletes removed from competition for suspected TBI
- Decrease in MV crash rate involving teens age 16 – 20
- Increase in percentage of children restrained in MV crashes
- Increase in parental knowledge of return to play law
- Increase in parental knowledge of return to school procedures

Long Term Outcome Examples:

Long term outcomes are outlined in the guidance document and should be related to mortality or morbidity. Key sources of information include Ohio's Fatality Warehouse, please refer to Appendix K for ideas and links to existing data sources.

- Decrease mortality rate from TBI for children aged 0 – 18
- Decrease mortality rate from MV related TBI for individuals 15 – 24
- Decrease mortality rate from suicide

Note: This funding opportunity has identified required long-term outcomes to standardize and provide the ability to cross-reference site performance. ODH may request funded projects include additional standardized short and intermediate outcomes to be able to demonstrate impact across projects.

Note: Please view Appendix K for ideas and links to existing data sources.

3. Develop Key Evaluation Questions –

Key evaluation questions should form the basis of how the applicant will consider the data above and identify key relationships between short, intermediate, and long-term outcomes. The key evaluation questions should focus on the policy, systems, and environmental change strategies identified by the applicant. Key evaluation questions should also address the intersections between the performance measures (short, intermediate, and long term). Focus should be given to identifying questions that will inform program outcomes rather than process (e.g. Was the program successful? vs. Was the program implemented?).

Examples of Key Evaluation Questions:

- To what extent is the PSEC strategy achieving the intended performance measures, in the short, intermediate and long term?
- To what extent is the PSEC strategy producing worthwhile results (outcomes) and/or meeting each of its objectives?

Note: Helpful resources for developing Key Evaluation Questions:

https://www.betterevaluation.org/en/plan/engage_frame/decide_evaluation_questions

<https://www.cdc.gov/std/Program/pupestd/Developing%20Evaluation%20Questions.pdf>

4. Monitoring and Assessment

The Evaluation and Performance Improvement Plan (EPIP) should include a methodology section for how the applicant plans to continually monitor and assess the PSEC strategies. In detail, applicants should describe what staff and with what frequency:

- performance measures will be identified, obtained, and updated
- key evaluation questions will be considered, reviewed, and any trends and conclusions identified and documented
- impact and functionality of the PSEC strategies will be assessed
- external factors and qualitative data will be collected and utilized to frame the results and considerations for success and barriers
- PSEC strategies will be reviewed for necessary modifications or improvement based on lessons learned during implementation
- key stakeholders will be engaged and informed of evaluation results
- key stakeholders and the general public will be engaged and successes promoted

5. Performance Improvement & Program Adjustment

The activities above must be performed in a consistent and measurable manner should be utilized to adjust strategies to increase effectiveness and uptake. Additionally, the results of the above activities should be used to inform future directions and activities throughout the five-year project period. Communication between the funded applicant and their partners/ODH Consultant is critical in maintaining a feasible, desirable, realistic, and outcome driven EPIP. Any changes or deviations to the proposed EPIP must be communicated effectively, timely and appropriately between the funded applicant, their ODH Consultant and any stakeholders/partners involved with the evaluation process.

SUPPLEMENTAL FUNDING GUIDANCE

Statewide Coalition Building for Injury Prevention

An additional \$60,000 is available for one (1) funded project for **Child Injury Action Group (CIAG)** to coordinate and administer statewide activities as described below as an extension of the Ohio Injury Prevention Partnership (OIPP).

- **Coordinate the statewide Child Injury Action Group (CIAG) and its subgroups** composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to child health and safety

Required activities:

Membership:

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

Committees:

- For CIAG, will serve as coordinator, to include all activities described herein, for at least 2 CIAG subcommittees and serve as interim coordinator when a co-chair vacancy exists
- Coordinate annual action plan updates of CIAG state plans as needed to respond to changing opportunities and accomplishments to date
- Compile meeting minutes and send to ODH within 30 days after the meetings to include sign-in sheet.
- Coordinate to have written reports from each subcommittee at quarterly OIPP meetings

- Coordinate and develop an annual list of each subcommittee meetings/conference calls to include dates and times within 30 days from start of grant period

Administrative:

- Represent Child Injury Action Group at statewide meetings and serve on OIPP Leadership.
- Maintain regular communication with ODH VIPP staff.
- Provide quarterly and annual reports of statewide coalition building activities containing information in format requested by ODH.
- Provide quarterly website content updates for the ODH CIAG webpages. Meeting minutes, presentations, meeting schedule, etc. should be provided to the VIPP website contact, and updates must be provided no less than quarterly.
- Deliver annual action plans, recommendations and updates from the respective group to ODH VIPP.
- Coordinate implementation of updated state action plans with recommendations related to, child/youth injury prevention policy. Funded entities will be expected to be active participants in implementing state plans through a variety of strategies (e.g., developing and reviewing annual action plans for progress, offering funding for pilot projects, identifying members to be responsible for key components of plans, structuring coalition for success, recruiting and identifying committee chairs, planning conference calls as needed, cultivating coalition leadership, etc.).
- Plan and coordinate **one instate training activity**, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan. Training must include building capacity of group members related to state plan activities. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc.
 - For **Child Injury Prevention Group**, the training should include but not be limited to regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMOs/MCOs; hospital/trauma/medical centers; injury prevention and research, academia, public health, Safe Kids Coalitions; medical/professional organizations (e.g., pediatrics, family medicine); and other stakeholders (e.g., businesses, insurance companies, etc.).
- Participate as an active member of the OIPP Leadership team. Assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the CIAG/Falls Coalition, and PDAAG.
- Administer pilot project applications and contract process
- Provide written update to be included in OIPP Newsletter, as requested
- Provide evaluation of CIAG to members by month 9 and provide a summary of results to ODH by end of grant period

Application Instructions:

Provide a separate methodology, supplemental work plan (**Appendix H**) and budget justification for this section and include in GMIS 2.0.

Program Narrative/Methodology:

Narrative and Work Plan Guidance: Using the above listed “Required Activities”, describe plans to complete. Please list each activity and provide details to include who, where, when and how your agency will complete these activities.

Methodology Work Plan – Use the work plan format in **Appendix H**. Outline specific activities and detail a timeline for the completion of activities.

Budget Narrative Justification – Include a detailed budget narrative justification outlining proposed costs in each of the following categories. Follow budget justification instructions in Appendix N.

- **Other Direct Costs**-use Budget Justification example (Appendix N-Scenario 3)
- Include this budget justification in the same file as the main budget justification. You should only have one budget justification submitted.

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

1. **Narrative:** named “agency name_supplemental-narrative_2019”
2. **Supplemental Work Plan:** named “agency name_supplemental work plan_2019”
3. **Budget justification** will be included in main budget justification.

**2019 Injury Prevention Program, Supplemental Funding
SUPPLEMENTAL WORK PLAN 2019**

County/Counties:		Agency:	
Grant#:		Contact Name:	
Project Title:			

SECTION I - SUPPLEMENTAL WORK PLAN (2019)

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.**

Membership

Long Term Objective:							
Program Impact Objective:	Insert Membership Objective						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%

Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
		Start	End				
Committees							
Long Term Objective:							
Program Impact Objective:	Insert Committees Objective						
Impact Evaluation Indicator:							
Community or Location:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					

Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				
Administrative							
Long Term Objective:							
Program Impact Objective:	Insert Administrative Objective						
Impact Evaluation Indicator:							
Community or Location:							

Community Demographics Table

Complete the following table for your target “community” using the following sources and attach in GMIS 2.0 as “Agency Name_ County Demographics_ 2019”. Use county-level data if more specific (e.g., city) information is not available. Sources: Information can be found at the following sites:

1. U.S. Census Factfinder at <https://www.census.gov/programs-surveys/decennial-census/decade.2010.html>
2. Ohio Department of Development, County Profiles
http://development.ohio.gov/reports/reports_countytrends_map.htm
3. American Fact Finder
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1810&prodType=table

Target Community: City/County _____

Zip Code(s) _____

Designated Appalachian County Yes _____ No _____

Demographic	Category	Target Community		Ohio	
		Number	Percent	Number	Percent
2007 Total Population²	All residents			11,466,917	100%
Gender¹	Male			5,586,499	48.7%
	Female			5,876,904	51.3%
Age²	Under 6 years			908,264	8%
	6 to 17 years			1,976,877	17.4%
	18 to 24 years			1,056,259	9.3%
	25 to 44 years			3,335,997	29.4%
	45 to 64 years			2,567,648	22.6%
	65 and over			1,508,095	13.3%
	Median Age			36.2	N/A
Race/Ethnicity¹	White			9,630,053	84%
	African American			1,346,290	11.7%
	American Indian and Alaska Native			21,903	0.2%
	Asian			174,382	1.5%
	Native Hawaiian and Other Pacific Islander			3,372	0%
	Other race			109,891	1%
	Two or more races			177,512	1.5%
	Hispanic (may be any race)			273,920	2.4%
Disabilities³	Total civilian noninstitutionalized population (Under 5 years)			5,039	0.7%
	Total civilian noninstitutionalized population (5 to 17 years)			124,463	6.4%
Language¹	Speak a language other than English at home			657,311	6.1%

Community Demographics Tables Continued

Demographic	Category	Target Community		Ohio	
		Number	Percent	Number	Percent
Educational Attainment²	No high school diploma			1,262,085	17%
	High school graduate			2,674,551	36.1%
	Bachelor's degree or higher			1,563,532	21.1%
Poverty^{1,2}	Individuals below poverty level ¹			1,170,698	10.6%
	Below 50% poverty level ²			530,076	4.8%
	Families below poverty level ¹			235,026	7.8%
Unemployment	% of Labor Force Unemployed - 2009				10.4%
Income²	2006 Per Capita Personal income			\$33,320	N/A
Geography¹	Urban			8,782,329	77%
	Inside Urbanized Areas			7,311,293	64%
	Inside Urbanized Clusters			1,471,036	13%
	Rural			2,570,811	23%
Land Use (% of Land)²	Urban			N/A	9.17%
	Cropland			N/A	45.53%
	Pasture			N/A	7.81%
	Forest			N/A	37.12%
No. Houses (Year Built)²	Before 1960		*	2,251,130	47.1%
	1960 to 1979		*	1,44,1421	30.1%
	1980 to March 2000		*	1,090,500	22.8%
Media Resources²	Television stations		*	69	N/A
	Radio stations		*	340	N/A
	Daily newspaper stations (<i>circulation</i>)		*	94 (3,126,339)	N/A
Health Care²	Physicians		*	29,472	N/A
	Hospitals (<i># beds</i>)		*	177 (44,189)	N/A
	Licensed Nursing Homes		*	1,779	N/A
	Licensed Residential care		*	1,000	N/A
Schools²	Public Schools		*	4,043	N/A
	Students		*	1,751,511	N/A
Transportation²	Motor Vehicles		*	12,021,879	N/A

***Calculate % of Ohio for these**

Data Sources: Information on community indicators and GIS mapping to help identify social determinants of health can found at the Community Commons website: www.communitycommons.org

KEY PERSONNEL FORM*List Personnel and include their resumes.*

Funded projects must employ one staff person (no fewer than 1,700 hours per year) assigned as the Injury Prevention Coordinator whose primary duties are to administer the Injury Prevention Grant and related grant activities. Other sources of funding may be used to meet this requirement; however, this position must spend 100% of time on injury prevention grant-related activities. Projects may *not* use two or more part-time employees to meet this requirement.

Complete this section to demonstrate compliance with this program requirement and to list other program staff. Attach resumes and position descriptions in GMIS 2.0 as needed. Position descriptions should be included for all new positions.

A. PERSONNEL/POSITION, PERCENT OF TIME DEVOTED TO AND PAID BY GRANT, FUNCTION AND QUALIFICATIONS

Personnel/Position	% of Time Devoted to Grant	% of Time Paid by Grant	Function of Position	Qualifications or Desired Qualifications of Project Personnel.

Sources of Ohio-Specific Injury-Related Data

OHIO-SPECIFIC INJURY DATA

- **Ohio Department of Health Information Warehouse - State and county-level data**
<http://publicapps.odh.ohio.gov/EDW/DataCatalog>
- **WISQARS** (Web-based Injury Statistics Query and Reporting System) - Customized reports of state and national injury-related data. <http://www.cdc.gov/injury/wisqars/index.html>
- **WONDER** (Wide-Ranging Online Data for Epidemiologic Research) <http://wonder.cdc.gov/mortSQL.html> - State data on underlying cause of death – state and county-level
- **Alcohol Related Disease Impact Software** - Injuries attributable to alcohol - Ohio data available.
https://nccd.cdc.gov/DPH_ARDI/default/default.aspx
- **Ohio Trauma Registry** - Ohio Department of Public Safety <http://www.ems.ohio.gov/data-center.aspx>
- **Ohio Child Fatality Review** Annual ReportsH - Ohio Department of Health
<http://www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfrrept.aspx>

OHIO INJURY COST DATA

- **Children's Safety Network** - Fatal injury cost data by state
<https://www.childrenssafetynetwork.org/state/ohio>
- **West Virginia Injury Control Research Center** - Injury hospitalization incidence and costs by state
<http://publichealth.hsc.wvu.edu/icrc/>
- **WISQARS Cost of Injury Reports** - <https://wisqars.cdc.gov:8443/costT/>
- **OCCUPATIONAL INJURY DEATHS IN OHIO**
 - **Census of Fatal Occupational Injury** - Ohio Data Reports <http://www.bls.gov/iif/oshstate.htm#OH>
 - **Census of Fatal Occupational Injury** - Data Query <http://www.bls.gov/iif/home.htm>

MOTOR VEHICLE TRAFFIC CRASH DATA

- **Ohio Traffic Crash Data** - Ohio Department of Public Safety - **local data available**
<http://www.publicsafety.ohio.gov/crashes.stm>
- **FARS** (Fatal Analysis Reporting System) - NHTSA - Fatal vehicle crash data on public roadways - Ohio data available <http://www-fars.nhtsa.dot.gov/QueryTool/QuerySection/SelectYear.aspx>

OHIO CRIME DATA

- **OIBRS** (Ohio Incident Based Reporting System) - Ohio Department of Public Safety - Ohio and county-level data <http://www.crimstats.ohio.gov/>

BEHAVIOR RISK FACTOR DATA

- **OYRBS** (Ohio Youth Risk Behavior Survey) - Ohio Department of Health
http://www.odh.ohio.gov/odhPrograms/chss/ad_hlth/YouthRsk/youthrsk1.aspx
- **BRFSS** (Behavioral Risk Factor Surveillance Survey) - CDC <https://www.cdc.gov/brfss/index.html>
- **PRESCRIPTION DISPENSING DATA**
- **Ohio Automated Rx Reporting System** – County Data: <https://www.ohiopmp.gov/>

SUBSTANCE ABUSE DATA

- **State Epidemiological Outcomes Workgroup – Ohio Department of Mental Health and Addiction Services** - Ohio Department of Health – <http://pfs.ohio.gov/About-Us/SPF-Committees/SEOW>

Ohio County Population Estimates, 2012*

Citation: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2012 **Source:** U.S. Census Bureau, Population Division, May 2013.

County Name	Population	County Name	Population	County Name	Population	County Name	Population
Adams	28,550	Fairfield	146,156	Licking	166,492	Portage	161,419
Allen	106,331	Fayette	29,030	Logan	45,858	Preble	42,270
Ashland	53,139	Franklin	1,163,414	Lorain	301,356	Putnam	34,499
Ashtabula	101,497	Fulton	42,698	Lucas	441,815	Richland	124,475
Athens	64,757	Gallia	30,934	Madison	43,435	Ross	78,064
Auglaize	45,949	Geauga	93,389	Mahoning	238,823	Sandusky	60,944
Belmont	70,400	Greene	161,573	Marion	66,501	Scioto	79,499
Brown	44,846	Guernsey	40,087	Medina	172,332	Seneca	56,745
Butler	368,130	Hamilton	802,374	Meigs	23,770	Shelby	49,423
Carroll	28,836	Hancock	74,782	Mercer	40,814	Stark	375,586
Champaign	40,097	Hardin	32,058	Miami	102,506	Summit	541,781
Clark	138,333	Harrison	15,864	Monroe	14,642	Trumbull	210,312
Clermont	197,363	Henry	28,215	Montgomery	535,153	Tuscarawas	92,582
Clinton	42,040	Highland	43,589	Morgan	15,054	Union	52,300
Columbiana	107,841	Hocking	29,380	Morrow	34,827	Van Wert	28,744
Coshocton	36,901	Holmes	42,366	Muskingum	86,074	Vinton	13,435
Crawford	43,784	Huron	59,626	Noble	14,645	Warren	212,693
Cuyahoga	1,280,122	Jackson	33,225	Ottawa	41,428	Washington	61,778
Darke	52,959	Jefferson	69,709	Paulding	19,614	Wayne	114,520
Defiance	39,037	Knox	60,921	Perry	36,058	Williams	37,642
Delaware	174,214	Lake	230,041	Pickaway	55,698	Wood	125,488
Erie	77,079	Lawrence	62,450	Pike	28,709	Wyandot	22,615

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. All geographic boundaries for the 2012 population estimates series are defined as of January 1, 2012. Additional information on these localities can be found in the Geographic Change Notes (see <http://www.census.gov/popest/about/geo/changes.html>). For population estimates methodology statements, see <http://www.census.gov/popest/methodology/index.html>.

Reviewer Score Sheet

Ohio Department of Health, Violence and Injury Prevention Section, Child Injury Prevention Project

Applicant Agency: _____ County Served: _____ Applicant Number: _____	Requested Budget: _____ Reviewer Name/Number: _____ Recommend Funding? (Agency must receive a minimum 238 points to be considered for funding) Y/N Date: _____		
Overall Scoring Summary:			
Section	Maximum Score- 340	Reviewer Score	Notes
Executive Summary	10		
Program Narrative: <ul style="list-style-type: none"> Applicant Agency – 20 points Problem/Need – 20 points Methodology – 100 points Sustainability Plan – 20 points 	160		
Annual Work Plan: <ul style="list-style-type: none"> Coalition Building – 10 points Data & Evaluation – 10 points PSEC 1 – 20 points PSEC 2 – 20 points PSEC 3 – 20 points PSEC 4 – 20 points OPTIONAL – PSEC Supportive (Y/N) 	100		
Evaluation & Performance Improvement Plan	50		
Child-specific requirements addressed? (Y/N)	10		
Budget Review	10		
Total Score			

Special Conditions:

Section: Executive Summary	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Describes the injury problems the program will address, including descriptions of local injury rates and related injury risk factors. Provides justification of the injury problems chosen. <input type="checkbox"/> Includes program goals and objectives. <input type="checkbox"/> Briefly describes who the project is serving, includes demographics, location of project activities and role of partners/coalitions. <input type="checkbox"/> Describes how the project will be evaluated. <input type="checkbox"/> Provides the total funds requested and how they will be used.			
Total Executive Summary:			

Section: Program Narrative (160 Total Points Available) – Applicant Agency (20), Problem/Need (20), Methodology (100), and Sustainability (20)

Program Narrative: Applicant Agency	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Discusses eligibility to apply and summarizes agency's structure as it relates to this program and as lead agency, how it will manage the program <input type="checkbox"/> Summarizes existing injury prevention efforts; provides information on other sources of funding for existing injury prevention efforts and how this funding will be used to expand other areas; describes other experience by the agency in managing injury prevention programs OR describes the agency's experience in managing other population-based public health programs. <input type="checkbox"/> Lists all personnel working on the grant on the Key Personnel Form. Includes relationship between program staff members, applicant agency staff members and other partners and agencies they will be working on the grant. Includes number of program staff in agency that work on injury prevention-related efforts <input type="checkbox"/> Includes position description and resumes <input type="checkbox"/> Provides documentation and demonstrates compliance that an individual is 100% dedicated to injury prevention <input type="checkbox"/> Describes plans for hiring and training staff; includes on-going training and details about the training provided. Includes a statement that ensures all involved program staff will have experience or receive training in concepts of population-based 			

<p>injury prevention and control</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates that staff have experience or will be trained in the Core Competency Areas for Injury and Violence Prevention <input type="checkbox"/> Includes background information about contract agency or individuals and all work to be conducted, if applicable <input type="checkbox"/> THE FACILITIES AND RESOURCES ARE ADEQUATE TO CARRY OUT THE PROJECT OBJECTIVES <input type="checkbox"/> QUALIFICATIONS OF STAFF ARE ADEQUATE TO MEET PROJECT OBJECTIVES 	<p>No score: Y/N</p> <p>Y/N</p>		
Program Narrative: Problem/Need	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Describes injury problems and includes description of local injury rates and related injury risk factors. Provides support as to why older adult falls is a problem in the community and includes data that describes the problem and justifies the need for the program <input type="checkbox"/> Explicitly describes segments of the target population who experience a disproportionate burden of local injury rates. <input type="checkbox"/> Indicates if a needs assessment has been completed within the past two years. Includes a brief summary. Describes how this was used in determining the injury problem chosen. <input type="checkbox"/> Specifically links disparities to health equity strategies. <input type="checkbox"/> Includes a description of other agencies/organization also addressing this problem/need <input type="checkbox"/> Describes potential gaps in services in the community 			

<input type="checkbox"/> Describes any barriers in implementing IP activities and strategies for overcoming these issues <input type="checkbox"/> PROJECT NARRATIVE DEMONSTRATES THE NEED FOR PROJECT	No score: Y/N		
Program Narrative: Methodology – Overall description (10), Coalition (10) Data & Eval (10), PSECs 1, 2, 3, and 4 (20 each, 80 total), PSEC Supportive (Optional Y/N)			
Overall Description	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Describes overall project goal. <input type="checkbox"/> Describes how injury disparities will be addressed. <input type="checkbox"/> Provides satisfactory rational for why strategies and activities are appropriate. <input type="checkbox"/> Describes the setting/location for the proposed activities. <input type="checkbox"/> Describes the evaluation measures that will be used to determine the overall success of the program. Describes impact as well as process/activity-level measures.			
Coalition	Maximum Score 10	Reviewer Score	Notes
Existing Coalition: <input type="checkbox"/> Describes current status of coalition including structure/leadership/governance documents, and strategic plan <input type="checkbox"/> Describes or includes list of current coalition members. <input type="checkbox"/> Describes the role of coalition members and partners in project. A letter of support is attached for key partners. <input type="checkbox"/> Describe coalition members from diverse communities including			

<p>racial and ethnic minority populations and parents of children with disabilities and/or disability advocates.</p> <p><input type="checkbox"/> Describes changes to the coalition over the past year.</p> <p><input type="checkbox"/> Describes concerns or challenges in building coalition. Describes how they have addressed challenges.</p> <p><input type="checkbox"/> Describes planned coalition activities for year 1</p> <p>New Coalitions:</p> <p><input type="checkbox"/> Describes plans to develop your community injury prevention coalition. Describes recruitment efforts, organizations to be contacted and potential coalition structure.</p> <p><input type="checkbox"/> Describe plans to recruit coalition members from diverse communities including racial and ethnic minority populations and parents of children with disabilities and/or disability advocates.</p> <p><input type="checkbox"/> Describes the proposed role of key coalition members and partners related to your project activities. A letter of support from each key partner is included.</p> <p><input type="checkbox"/> Describes planned coalition activities and initiatives during year one.</p>			
Data & Evaluation	Maximum Score 10	Reviewer Score	Notes
<p><input type="checkbox"/> Lists the required program objective that is customized to the county applicant. Required Objective – Data and Evaluation – By September 30, 2019, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.</p>			

<input type="checkbox"/> Identified and describes qualified staff to revise Evaluation and Performance Improvement Plan (EPIP) <input type="checkbox"/> Describe the process that will be used to revise the EPIP (specific feedback will be provided by ODH in year 1; but reviewers need information on the process.). Describe any experience with evaluation and performance improvement processes. <input type="checkbox"/> Describes available data sources being considered for the evaluation and performance improvement plan. Describes any primary (data collection) or secondary (e.g., analysis, linkage, etc.) surveillance activities and use of data (e.g., reports) in your proposed project. Describes how data will be obtained and used to support other project initiatives including development and use of any local survey data. <input type="checkbox"/> Includes a logic model in the application.			
PSEC 1 –	Maximum Score 20	Reviewer Score	Notes
<input type="checkbox"/> Includes required program objective, with an activity selected from pick list. <input type="checkbox"/> Describes plans to secure implementation partner and identify appropriate setting for the strategy. Includes LOS as much as possible. <input type="checkbox"/> Describes plans to adopt new IP policy(ies), ordinances, regulations, or systems. <input type="checkbox"/> Describes which coalition members will be engaged in this effort, what settings will be impacted and how the efforts will be evaluated. <input type="checkbox"/> Describes what systems will be developed, enhanced, improved, changes, etc. to reduce injury risk factors.			

<input type="checkbox"/> Describes methods to engage key stakeholders and decision-makers. <input type="checkbox"/> Discusses anticipated opponents and a plan to engage them in process. <input type="checkbox"/> Describes any previous success in PSEC strategies. <input type="checkbox"/> Describes plans to evaluate the effectiveness of PSEC strategies. <input type="checkbox"/> If activity varies from pick list, provides justification and evidence for selection. Provides evidence for strategies selected.			
PSEC 2 –	Maximum Score 20	Reviewer Score	Notes
<input type="checkbox"/> Includes required program objective, with an activity selected from pick list. If activity varies from pick list, provides justification and evidence for selection. <input type="checkbox"/> Describes plans to secure implementation partner and identify appropriate setting for the strategy. Includes LOS as much as possible. <input type="checkbox"/> Describes plans to adopt new IP policy(ies), ordinances, regulations, or systems. <input type="checkbox"/> Describes which coalition members will be engaged in this effort, what settings will be impacted and how the efforts will be evaluated. <input type="checkbox"/> Describes what systems will be developed, enhanced, improved, changes, etc. to reduce injury risk factors. <input type="checkbox"/> Describes methods to engage key stakeholders and decision-makers. <input type="checkbox"/> Discusses anticipated opponents and a plan to engage them in process. <input type="checkbox"/> Describes any previous success in PSEC strategies. <input type="checkbox"/> Describes plans to evaluate the effectiveness of PSEC strategies. <input type="checkbox"/> If activity varies from pick list, provides justification and evidence for selection. Provides evidence for strategies selected.			

PSEC 3 –	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Includes required program objective, with an activity selected from pick list. If activity varies from pick list, provides justification and evidence for selection. <input type="checkbox"/> Describes plans to secure implementation partner and identify appropriate setting for the strategy. Includes LOS as much as possible. <input type="checkbox"/> Describes plans to adopt new IP policy(ies), ordinances, regulations, or systems. <input type="checkbox"/> Describes which coalition members will be engaged in this effort, what settings will be impacted and how the efforts will be evaluated. <input type="checkbox"/> Describes what systems will be developed, enhanced, improved, changes, etc. to reduce injury risk factors. <input type="checkbox"/> Describes methods to engage key stakeholders and decision-makers. <input type="checkbox"/> Discusses anticipated opponents and a plan to engage them in process. <input type="checkbox"/> Describes any previous success in PSEC strategies. <input type="checkbox"/> Describes plans to evaluate the effectiveness of PSEC strategies. <input type="checkbox"/> If activity varies from pick list, provides justification and evidence for selection. Provides evidence for strategies selected. 			
PSEC 4 –	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Includes required program objective, with an activity selected from pick list. If activity varies from pick list, provides justification and evidence for selection. <input type="checkbox"/> Describes plans to secure implementation partner and identify appropriate setting for the strategy. Includes LOS as much as possible. 			

<input type="checkbox"/> Describes plans to adopt new IP policy(ies), ordinances, regulations, or systems. <input type="checkbox"/> Describes which coalition members will be engaged in this effort, what settings will be impacted and how the efforts will be evaluated. <input type="checkbox"/> Describes what systems will be developed, enhanced, improved, changes, etc. to reduce injury risk factors. <input type="checkbox"/> Describes methods to engage key stakeholders and decision-makers. <input type="checkbox"/> Discusses anticipated opponents and a plan to engage them in process. <input type="checkbox"/> Describes any previous success in PSEC strategies. <input type="checkbox"/> Describes plans to evaluate the effectiveness of PSEC strategies. <input type="checkbox"/> If activity varies from pick list, provides justification and evidence for selection. Provides evidence for strategies selected.			
PSEC Supportive Strategies –	Y/N	Y/N	Notes
<input type="checkbox"/> Includes required program objective, with an activity selected from pick list. <input type="checkbox"/> Identifies which PSEC strategy the PSEC supportive activity will support. <input type="checkbox"/> Clearly defines how PSEC supportive will impact a PSEC. <input type="checkbox"/> PROPOSED STRATEGY OR STRATEGIES ARE APPROPRIATE TO THIS PROJECT.	No score: Y/N		
Program Narrative: Sustainability Plan	Maximum Score 20	Reviewer Score	Notes
<input type="checkbox"/> Includes a sustainability plan/statement for continued program efforts in the event that grant funding is no longer available.			

<input type="checkbox"/> Demonstrates effort will be made to institutionalize changes and/or program policies, practices, norms, attitudes at the organizational or institutional level. <input type="checkbox"/> Describes additional program funding will be leveraged through use of ODH IP grant.			
TOTAL PROGRAM NARRATIVE (160 points available):			
Annual Work Plan: 100 Points Total – Coalition (10) Data & Eval (10), PSECs 1, 2, 3, and 4 (20 each, 80 total), PSEC Supportive (Optional Y/N)			
Annual Work Plan: Coalition Building	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Impact objectives are population-based and written in SMART (Specific, Measurable, Achievable, Relevant, and Time-framed) format such as: By (date), (system), will (specify how system will change) in (where) as measured or evaluated by (how you will determine that the desired change has occurred) <input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. Will grantee be able to use indicator to measure achievement of impact objective? <input type="checkbox"/> Describes how objective will address safety/injury disparities in the applicant community (if applicable). <input type="checkbox"/> Describes how the objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each program objective). <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30). <input type="checkbox"/> Identifies the person and the agency responsible for completing the activities. <input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals.			

<input type="checkbox"/> Describes how the activities will be evaluated for success. <input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities.			
Annual Work Plan: Data & Evaluation	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Describes how the activities will be evaluated for success. <input type="checkbox"/> Includes description of how coalition will be engaged in EPIP revision in year 1. <input type="checkbox"/> Impact objectives are population-based and written in SMART format. <input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. Will grantee be able to use indicator to measure achievement of impact objective? <input type="checkbox"/> Describes how objective will address safety/injury disparities in the applicant community. <input type="checkbox"/> Describes how the objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each program objective). <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30). <input type="checkbox"/> Identifies the person and the agency responsible for completing the activities. <input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals. <input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities.			
Annual Work Plan: PSEC 1 –	Maximum Score 20	Reviewer Score	Notes
<input type="checkbox"/> Includes required program objective.			

<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate partners are included to increase likelihood of success. <input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. Will grantee be able to use indicator to measure achievement of impact objective? <input type="checkbox"/> Describes the desired program outcome on the intermediate and/or the ultimate target population. <input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each process objective). <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30). <input type="checkbox"/> Identifies person and agency responsible for completing activities. <input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals. <input type="checkbox"/> Describes how the activities will be evaluated for success. <input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities. 			
Annual Work Plan: PSEC 2 –	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Includes required program objective. <input type="checkbox"/> Appropriate partners are included to increase likelihood of success. <input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. Will grantee be able to use indicator to measure achievement of impact objective? <input type="checkbox"/> Describes the desired program outcome on the intermediate and/or the ultimate target population. 			

<ul style="list-style-type: none"> <input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each process objective). <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30). <input type="checkbox"/> Identifies person and agency responsible for completing activities. <input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals. <input type="checkbox"/> Describes how the activities will be evaluated for success. <input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities. 			
Annual Work Plan: PSEC 3 –	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Includes required program objective. <input type="checkbox"/> Appropriate partners are included to increase likelihood of success. <input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. Will grantee be able to use indicator to measure achievement of impact objective? <input type="checkbox"/> Describes the desired program outcome on the intermediate and/or the ultimate target population. <input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each process objective). <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30). <input type="checkbox"/> Identifies person and agency responsible for completing activities. <input type="checkbox"/> Lists the populations—intermediate (influential and credible 			

<p>persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Describes how the activities will be evaluated for success. <input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities. 			
Annual Work Plan: PSEC 4 –	Maximum Score 20	Reviewer Score	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Includes required program objective. <input type="checkbox"/> Appropriate partners are included to increase likelihood of success. <input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. Will grantee be able to use indicator to measure achievement of impact objective? <input type="checkbox"/> Describes the desired program outcome on the intermediate and/or the ultimate target population. <input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each process objective). <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30). <input type="checkbox"/> Identifies person and agency responsible for completing activities. <input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals. <input type="checkbox"/> Describes how the activities will be evaluated for success. <input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities. 			

Annual Work Plan: PSEC Supportive	Y/N	Y/N	Notes:
<input type="checkbox"/> Includes required program objective. <input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 1/1 – 9/30) <input type="checkbox"/> PROPOSED STRATEGIES CLEARLY SUPPORT A PSEC STRATEGY	No score: Y/N		
TOTAL ANNUAL WORK PLAN (100 points available):			
Evaluation & Performance Improvement Plan (EPIP) 50 Points Total – Logic Model (10), Performance Measures (10), Key Evaluation Questions (10), Monitoring and Assessment (10), and Program Adjustments (10)			
EPIP – Program Logic Model	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Includes logic model with application <input type="checkbox"/> Logic model includes basic components including inputs, activities, outputs and outcomes. <input type="checkbox"/> Logic model reflects proposed PSEC strategies			
EPIP – Identify Performance Measures	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Describes existing data sources <input type="checkbox"/> Describes plans to develop or identify additional data sources <input type="checkbox"/> Includes available data sources in EPIP draft submitted with application <input type="checkbox"/> Classifies measures as process, short, intermediate, or long term according to guidance in RFP			

EPIP – Key Evaluation Questions	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Includes logical key evaluation questions <input type="checkbox"/> Includes key evaluation questions with a focus on program outcomes rather than program process measures (i.e. was program successful vs. was program implemented?)			
EPIP – Monitoring and Assessment	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Identifies plans to develop monitoring protocols and implementation and regular use of protocol <input type="checkbox"/> Identified processes and appropriate staff to monitor plans <input type="checkbox"/> Identifies plans to develop a tracking format customized to the project <input type="checkbox"/> States agreement to standardize measures as requested by ODH			
EPIP – Program Adjustments	Maximum Score 10	Reviewer Score	Notes
<input type="checkbox"/> Includes plans to review evaluation measures and make program adjustments as needed.			
EPIP Total (50 points available)			
Focus Area Requirements	Maximum Score 10	Reviewer Score	Notes:
<input type="checkbox"/> Four PSEC strategies included <input type="checkbox"/> PSECs in required areas included <input type="checkbox"/> Other Comments –			

Requirements Total:			
Budget	Maximum Score 10	Reviewer Score	Notes:
<input type="checkbox"/> Budget justification is logically tied to program objectives and activities. <input type="checkbox"/> Correct Budget Justification scenario utilized, as identified in RFP on Appendix C2.			
Budget Total:			

Ohio Department of Health, Violence and Injury Prevention Section, Child Injury Prevention SUPPLEMENTAL Project

Date: _____		Requested Budget: _____	
Applicant Agency: _____		Reviewer Name/Number: _____	
County Served: _____		Recommend Funding? Y/N	
Applicant Number: _____		Date: _____	
Overall Scoring Summary:			
Section	Maximum Score- 44	Reviewer Score	Notes
Membership	12		
Committees	10		
Administrative	22		
Total Score			
Membership: Narrative & Work Plan	Maximum Score - 12	Reviewer Score	Notes
<input type="checkbox"/> Describes recruitment efforts including development of a written, functional ongoing recruitment plan (e.g., will no less than twice per year, review membership changes with coalition leadership and identify new key stakeholders to approach, update recruitment information, contact stakeholder via phone, etc.)			
<input type="checkbox"/> Describes what is include in the recruitment plan including plans to contact new members and frequency of communication; and written materials/invitations to explain the purpose of the initiatives			
<input type="checkbox"/> Describes plans to Create/update/maintain orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes, etc. This may be a hard-copy or e-packet.			
<input type="checkbox"/> Identifies staff member or coalition coordinator, and how the agency			

<p>will provide presentation to the Coordinate representation from Child Injury Action Group leadership for New Member Orientation at OIPP meetings</p> <p><input type="checkbox"/> Cooperate with ODH on updating membership list</p> <p><input type="checkbox"/> Communicate with members in between meetings to ensure adequate support to group chairs and progress is occurring. Respond to requests for information from members.</p>			
Membership Total Score:			
Committees: Narrative & Work Plan	Maximum Score- 10	Reviewer Score	Notes
<ul style="list-style-type: none"> ○ For Child Injury Action Group, will serve as coordinator, to include all activities described herein, for at least 2 CIAG subcommittees and serve as interim coordinator when a co-chair vacancy exists ○ Coordinate annual action plan updates of CIAG state plans as needed to respond to changing opportunities and accomplishments to date ○ Compile meeting minutes and send to ODH within 30 days after the meetings to include sign-in sheet. ○ Coordinate to have written reports from each subcommittee at quarterly OIPP meetings ○ Coordinate and develop an annual list of each subcommittee meetings/conference calls to include dates and times within 30 days from start of grant period 			
Committees Total Score:			
Administrative: Narrative & Work Plan	Maximum Score - 22	Reviewer Score	Notes

<ul style="list-style-type: none"> <input type="checkbox"/> Represent CIAG at statewide meetings and serve on OIPP Leadership. <input type="checkbox"/> Maintain regular communication with ODH VIPP staff. <input type="checkbox"/> Provide quarterly and annual reports of statewide coalition building activities containing information in format requested by ODH. <input type="checkbox"/> Provide quarterly website content updates for the ODH CIAG webpages. Meeting minutes, presentations, meeting schedule, etc. should be provided to the VIPP website contact, and updates must be provided no less than quarterly. <input type="checkbox"/> Deliver annual action plans, recommendations and updates from the respective group to ODH VIPP. <input type="checkbox"/> Coordinate implementation of updated state action plans with recommendations related to, CIAG injury prevention policy. Funded entities will be expected to be active participants in implementing state plans through a variety of strategies (e.g., developing and reviewing annual action plans for progress, offering funding for pilot projects, identifying members to be responsible for key components of plans, structuring coalition for success, recruiting and identifying committee chairs, planning conference calls as needed, cultivating coalition leadership, etc.). <input type="checkbox"/> Plan and coordinate <u>one instate training activity</u>, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan. Training must include building capacity of group members related to state plan activities. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc. <input type="checkbox"/> Participate as an active member of the OIPP Leadership team. Assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the CIAG <input type="checkbox"/> Administer pilot project applications and contract process 			
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<div><input type="checkbox"/> Provide written update to be included in OIPP Newsletter, as requested</div> <div><input type="checkbox"/> Provide evaluation of CIAG to members by month 9 and provide a summary of results to ODH by end of grant period</div>			
Administrative Total Score:			
Additional Review Comments/Special Conditions:			

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

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

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO)

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

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

- Deliverable – Objective 1 \$10,000
 Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2 \$45,000
 Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3 \$75,000
 Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

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

- Deliverable – Objective 1

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

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

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

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

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

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

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

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

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

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

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

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

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

Total Other Direct Costs**\$Total****Notes:**

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

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Signature]

[Print Name & Title]

[Date]