




## MEMORANDUM

Date: February 4, 2022

To: Local Health Department Applicants

From: Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP)   
State Epidemiologist and Chief, Bureau of Infectious Diseases

Subject: Get Vaccinated Ohio – Public Health Initiative (GV23) Subgrant Solicitation

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of the GV23 competitive subgrant to improve and sustain vaccination coverage among children and adolescents, and to reduce vaccination coverage disparities in Ohio. This goal will be accomplished when immunization providers adopt quality assurance methods to increase vaccination use, immunization disparities are identified and addressed in each county, and schools assure that immunization levels are high.

Local health departments interested in applying must first submit a Notice of Intent to Apply for Funding (NOIAF) form by February 16, 2022.

All electronic applications and attachments are due by 4:00 p.m., Monday, March 14, 2022, in the ODH Grants Management Information System (GMIS). Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. New staff requiring GMIS access must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of federal funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of subaward payments. ODH will monitor mid-year expenditure reports due in January 2023 and may reduce the GV23 award if submitted expenditures are excessively low.

Submission of the competitive application constitutes acknowledgment and acceptance of ODH's Grants Administration Policies and Procedures (OGAPP) and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this subgrant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.

If you have questions, please contact Dave Feltz or Michele McPeters at 614-466-4643 or e-mail at [dave.feltz@odh.ohio.gov](mailto:dave.feltz@odh.ohio.gov) or [michele.mcpeters@odh.ohio.gov](mailto:michele.mcpeters@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF INFECTIOUS DISEASES

## Get Vaccination Ohio – Public Health Initiative SOLICITATION FOR FISCAL YEAR 2023 (7/1/22 – 6/30/23)

Local Public Health Applicant Agencies

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/20/2021  
For grant starts 7/1/2022 and thereafter

## TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose	3
D.	Qualified Applicants	3
E.	Service Area	3
F.	Number of Grants and Funds Available	3
G.	Due Date	4
H.	Authorization	4
I.	Goals	4
J.	Program Period and Budget Period	4
K.	Public Health Accreditation Board Standards	5
L.	Public Health Impact Statement	6
M.	Human Trafficking	8
N.	Appropriation Contingency	9
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	9
P.	Acknowledgment	9
Q.	Late Applications	9
R.	Successful Applicants	9
S.	Unsuccessful Applicants	9
T.	Review Criteria	9
U.	Freedom of Information Act	10
V.	Ownership Copyright	10
W.	Reporting Requirements	11
X.	Special Condition(s)	12
Y.	Unallowable Costs	12
AA.	Audit	13
AB.	Submission of Application	14
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	15
B.	Budget	15
C.	Assurances Certification	15
D.	Project Narrative	16
E.	Civil Rights Review Questionnaire – EEO Survey	26
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	26
G.	Attachment(s)	26
III.	APPENDICES	
A.	Notice of Intent to Apply For Funding	
B.	GMIS Access Request Form	
C.	C1. Deliverables – GV Objective Descriptions C2. Deliverables – GV Objective Funding Allocations	
D.	2022-2023 GV Application Review Form	
E.	2022-2023 GV Program Report Instructions	
F.	Immunization-Related Health Equity Resources	
G.	Perinatal Hepatitis B Outcome Requirements	
H.	Sample GV23 Budget Justification	

## 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 **February 16, 2022** so access to the application via the Internet website “ODH Application Gateway” can be established.

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

This information is maintained on the following website: <http://supplier.ohio.gov/>

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

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

**A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be 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 Templates listed on the GMIS bulletin board.

#### **Budget Justification Certification language**

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with 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: Get Vaccinated Ohio – Public Health Initiative (GV)**

**C. Purpose:** GV funds are designed to improve and sustain vaccination coverage among children and adolescents, and to reduce vaccination coverage disparities in Ohio. This goal will be accomplished when immunization providers adopt quality assurance methods to increase vaccination use, immunization disparities are identified and addressed in each county, and schools assure that immunization levels are high.

**D. Qualified Applicants:** Local public health agencies are eligible to apply. Agencies currently funded under the Get Vaccinated – Public Health Initiative (GV) program as well as local public health agencies not currently funded with GV funds are eligible to apply. Eligible counties are listed in Appendix C2. Applicants funded in 2021-2022 must have demonstrated acceptable performance from July 2021–January 2022. If multiple health districts in a county or region apply jointly for funding, one health district must act as the lead agency/fiscal agent for the subgrant. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).

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 March 14, 2022.**

**E. Service Area:** Applicants must apply for funds to cover a minimum of one county in the state of Ohio. Counties with smaller population sizes may combine efforts to create an application for two or more counties.

**F. Number of Grants and Funds Available:** Up to 50 subgrants may be awarded, and no more than one subgrant may be awarded in each county. Total funding for GV subgrants is expected to approximate \$3 million dollars. Funds originate from federal funding sources. Two or more local health districts may collaborate on an application.

Individual eligible counties may apply for an amount equal to the amount stated for their county in Appendix C2 (2022-2023 Get Vaccinated Ohio – Public Health Initiative Objective Funding Allocations). If a county is eligible for less than \$30,000, that county health department agency must partner with at least one other (preferably neighboring) county public health agency for a combined minimum award of \$30,000. If a county is eligible for more than \$30,000, the county should apply as a single entity sub-grant or must act as a lead agency for at least one other county eligible for less than \$30,000.

Dollars designated for a county must be spent to specifically address the objectives outlined in this solicitation.

Awards will be based upon all the following criteria:

1. The resident birth cohort of children in the applicant county.
2. The number of children to be provided with vaccines at each health department.
3. The number of Vaccines for Children (VFC) and private immunization providers in each applicant county.
4. The ability of applicants to meet stated program objectives in 2020 and 2021 (if applicable).
5. The soundness and score of applicant responses to requirements for 2022-2023.

No subgrant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds sub granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by 4:00 p.m. **Monday, March 14, 2022.** Applications and required attachments received after this deadline will not be considered for review.

Contact Dave Feltz, at (614) 466-4643 or [dave.feltz@odh.ohio.gov](mailto:dave.feltz@odh.ohio.gov) or Michele McPeters at (614) 466-4643 or [michele.mcpeters@odh.ohio.gov](mailto:michele.mcpeters@odh.ohio.gov) with any questions.

- H. Authorization:** The program is authorized under Section 317 of the Public Health Service Act [42 U.S.C. section 247b] as amended. The Vaccines for Children (VFC) Program is authorized under Section 1928 of the Social Security Act [42 U.S.C. section 1396s]. Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.268.

- I. Goals:** The goals of the GV program are to improve and sustain vaccination coverage among children and adolescents, and to reduce vaccination coverage disparities in Ohio. This will be accomplished by achieving and maintaining 90% vaccination coverage levels for universally recommended vaccines among children less than 24 months of age, school aged children and for adolescents. This will be accomplished by:

- Implementing additional, targeted reminder and recall activities to improve local health department immunization rates.
- Identifying disparities of low immunization levels and providing additional immunization education and other resources to parents and health care providers in those areas.
- Assessing immunization rates of health care providers through using data from ImpactSIIS and promoting effective practice changes to improve immunization rates using the IQIP process.
- Educating immunization providers of children and adolescents about the importance of timely immunizations and effective strategies to improve practice behavior using MOBI and TIES.
- Assuring the vaccination of high-risk infants exposed to hepatitis B disease.
- Assuring schools report new school enterer information to ODH and providing education to schools to improve school vaccination rates.

GV funds originate from federal funds provided from the Centers for Disease Control and Prevention (CDC). The above goals correspond with the focus of the 2019-2024 CDC Immunization Program Operations Manual and Federal Immunization Grant Guidance.

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

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

The table below shows the relationship of each PHAB standard with GV objectives:

PHAB Standard	PHAB Measure	GV Objectives
<b>Standard 1.2:</b> 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.	1.2.3 A – Collection of primary quantitative health data	D2 Coverage Disparities D3 Provider Identification D4 Provider QA - IQIP D6 Perinatal Case Tracking D7 School Immunization
<b>Standard 1.3:</b> Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.	1.3.2 L – Public health data provided to various audiences on a variety of public health issues	D2 Coverage Disparities D3 Provider Identification D4 Provider QA - IQIP D6 Perinatal Case Tracking D7 School Immunization
<b>Standard 1.4:</b> Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.	1.4.1 A – Data used to recommend and inform public health policy, processes, programs, and/or interventions	D2 Coverage Disparities D3 Provider Identification D4 Provider QA - IQIP D6 Perinatal Case Tracking D7 School Immunization
<b>Standard 2.1:</b> Conduct timely investigations of health problems and environmental public health hazards.	2.1.2 T/L – Capacity to conduct an investigation of an infectious disease	D6 Perinatal Case Tracking
<b>Standard 3.1:</b> Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.	3.1.1 A – Information provided to the public on protecting their health.  3.1.2 A – Health department strategies to promote health and address preventable health conditions.  3.1.3 A – Efforts to specifically address factors that contribute to specific population's higher health risks and poor health outcomes.	D2 Coverage Disparities D5 Provider MOBI & TIES D7 School Immunization
<b>Standard 3.2:</b> Provide information on public health issues and public health functions through multiple methods to a variety of audiences.	3.2.5 A – Information available to the public through a variety of methods.  3.2.6 A – Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department.	D2 Coverage Disparities D5 Provider MOBI & TIES D7 School Immunization

<b>Standard 7.1:</b> Assess health care service capacity and access to health care services.	7.1.2 A – Identification of populations who experience barriers to health care services identified.	D2 Coverage Disparities D4 Provider QA - IQIP D7 School Immunization
<b>Standard 7.2:</b> Identify and implement strategies to improve access to health care services.	7.2.3 A – Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care	D2 Coverage Disparities D4 Provider QA - IQIP D6 Perinatal Case Tracking D7 School Immunization
<b>Standard 9.2:</b> Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	9.2.2 A – Implemented quality improvement activities	D2 Coverage Disparities D3 Provider Identification D4 Provider QA - IQIP D5 Provider MOBI & TIES D6 Perinatal Case Tracking D7 School Immunization
<b>Standard 10.1:</b> Identify and use the best available evidence for making informed public health practice decisions.	10.1.1 A – Applicable evidence-based practices used when implementing new or revised processes, programs or interventions.	D1 Reminder Recall Systems D2 Coverage Disparities D3 Provider Identification D4 Provider QA - IQIP D5 Provider MOBI & TIES D6 Perinatal Case Tracking D7 School Immunization
<b>Standard 10.2:</b> Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences.	10.2.3 A – communicated research finding, including public health implications	D2 Coverage Disparities D3 Provider Identification D4 Provider QA - IQIP D5 Provider MOBI & TIES D6 Perinatal Case Tracking D7 School Immunization

The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

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

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

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

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



- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

3. *Evidence of Health Equity Strategies*

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

- a) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- b) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- c) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- d) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- e) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

- a) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
  - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>

- Healthy People 2030 - <https://health.gov/healthypeople>

- b) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- c) Identify up and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- d) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

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

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

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

**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:

1. Victims of human trafficking are included in your agency's target population.
  - a) At-risk population
  - b) Mental health population
  - c) Homeless population
2. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Not Applicable to Get Vaccinated Ohio – Public Health Initiative

- 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 David Feltz or Michele McPeters at (614) 466-4643 for questions regarding this solicitation.
- 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, March 14, 2022, at 4:00 p.m.**

**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. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
  3. Is well executed and is capable of attaining program objectives.
  4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources.
  5. Estimates reasonable cost to the ODH, considering the anticipated results.

6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds.
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations.
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.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.
13. Applications will be evaluated based on the Application Review Form (Appendix D).

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.**

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

**V. 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 by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and is a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Immunization and Vaccines for Children grant, CFDA number 93.268.”

**W. 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, according to Appendix E, "2022-2023 Get Vaccinated Ohio - Public Health Initiative (GV) Program Report Instructions" by the following dates: January 15, 2023 and July 15, 2023. Any attachments associated with the Program Report are to be submitted according to Appendix E and will be submitted through GMIS 2.0. **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.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
July 1, 2022 – December 31, 2022 (6 months)	January 15, 2023
July 1, 2022 – June 30, 2023 (12 months)	July 15, 2023

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

- 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:

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

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

Period	Report Due Date
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

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

- 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 August 5, 2023**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

*Submission of 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.*

- X. 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.

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

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

12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

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

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

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

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

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

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

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

**AB. Submission of Application:**

**Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narratives should not exceed 40 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: NONE

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, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215



## II. APPLICATION REQUIREMENTS AND FORMAT

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

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

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

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

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example is included with this solicitation).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 7/1/22 through 6/30/23.

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

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

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

## D. Project Narrative:

1. **Executive Summary:** Provide a brief, one-page synopsis of the purpose, methodology, and evaluation plan of this Immunization project. Identify the target population, services and programs to be offered, and the burden of health disparities and health inequities. Describe the public health problems that the program will address.
2. **Description of Applicant Agency/Documentation of Eligibility/[Personnel]:**  
Provide a brief one or two-page discussion of 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 accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method 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.

- National CLAS Standards [National CLAS Standards - The Office of Minority Health \(hhs.gov\)](https://www.hhs.gov/office-of-minority-health/national-clas-standards/)
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

3. **Deliverable Objectives Narrative:** Create a narrative response to each of the following deliverable objectives described below. Use the same deliverable objective numerical sequence as outlined in each deliverable objective.

### **Deliverable Objective 1: Immunization Reminder and Recall Systems**

*GV subrecipient agencies will implement a successful reminder and recall system for immunization consumers for their local health department, including timely pre-appointment reminders of immunizations that are due and culturally appropriate recall requests if the infant, toddler or adolescent is behind on vaccinations.*

- D1a Indicate that your health department plans to **remind** parents of children under age 11 years of upcoming immunizations. Describe your process of how children are identified for pre-appointment reminders, when the reminders are completed, the type of reminders that are used and how the reminders are documented.
- Note:* A pre-appointment reminder is to be delivered shortly before each scheduled or recommended "appointment," according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the "appointment."
- Note:* ImpactSIIS may be used for the reminder system to meet this objective if:
- Immunization data is entered or transmitted to ImpactSIIS at least semi-monthly, and
  - Historic immunization data for children is included.
- D1b Indicate that your health department plans to **remind** parents of adolescents 11 through 18 years of age of upcoming immunizations. Describe your process of how adolescents are identified for pre-appointment reminders, when the reminders are completed, the type of reminders that are used and how the reminders are documented.
- Note:* A pre-appointment reminder is to be delivered shortly before each scheduled or recommended "appointment," according to the current ACIP recommendations. ODH recommends a reminder letter, card, or phone call to the parent from 1 to 5 days prior to the "appointment."
- Note:* ImpactSIIS may be used for the reminder system to meet this objective if:
- Immunization data is entered or transmitted to ImpactSIIS at least semi-monthly, and
  - Historic immunization data for adolescents is included.
- D1c Indicate that your health department plans to **recall** children under age 11 years who are *behind* on immunizations. Describe your process of how children are identified for recalls, when the recalls are

completed, the type of recalls that are used and how the recalls are documented. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations.

*Note:* Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) found in the IQIP Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE.

Local computer and registry systems must enable compliance with this definition of MOGE.

D1d Indicate that your health department plans to **recall** specific children under 24 months of age who are *behind* on **DTaP dose 4** (or the lowest antigen administered on-time according to assessment results). The plan should demonstrate multiple attempts at recall between 15 – 24 months of age for each child determined to be behind schedule for DTaP dose 4. Describe your process of how children are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented. Describe how children will be tracked for ongoing immunization compliance if they fail to show up for immunizations.

D1e Indicate that your health department plans to **recall** adolescents 11 through 18 years of age who are *behind* on adolescent immunizations. Describe your process how adolescents are identified for recalls, when the recalls are completed, the type of recalls that are used and how the recalls are documented.

*Note:* Health districts should refer to the definition of Moved or Going Elsewhere (MOGE) found in the IQIP Manual on the ODH website. Only records that meet the specified definition should be marked as MOGE.

Local computer and registry systems must enable compliance with this definition of MOGE.

D1 Deliverable Outcomes	Reimbursement	When to Submit
<p>D1a &amp; D1b Report the number of pre-appointment reminders issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p> <p>Submit a quarterly attestation of reminder notices using the 'Deliverable 1 – Reminder and Recall Quarterly Attestation Form'. The form must be submitted in GMIS for each funded subrecipient and subcontractor at the end of each 3-month quarter.</p> <p>The reminder lists of children and adolescents must be maintained by each GV-funded agency and be available for a validation review by an Ohio Department of Health (ODH) representative during a site visit or an unannounced spot check.</p>	<p>\$3 per reminder issued for children and adolescents through 18 years of age.</p>	<p>Ongoing - each monthly or quarterly expenditure report.</p>
<p>D1c, D1d &amp; D1e Report the number of recalls issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p> <p>Submit a quarterly attestation of recall notices using the 'Deliverable 1 – Reminder and Recall Quarterly Attestation Form'. The</p>	<p>\$3 per recall issued for children and adolescents through 18 years of age.</p>	<p>Ongoing - each monthly or quarterly expenditure report.</p>

<p>form must be submitted in GMIS for each funded subrecipient and subcontractor at the end of each 3-month quarter.</p> <p>The recall lists of children and adolescents must be maintained by each GV-funded agency and be available for a validation review by an Ohio Department of Health (ODH) representative during a site visit or an unannounced spot check.</p>		
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## **Deliverable Objective 2: Immunization Coverage Disparities**

***Each GV subrecipient agency will:***

- ***Evaluate where under-immunized children and adolescents reside within their county by reviewing ODH-supplied school immunization reports, ODH-supplied data from ImpactSIIS, and any updated cultural or socioeconomic indicators that influence vaccination rates.***
- ***Write and submit a report of the re-evaluation findings.***
- ***Update plans from previous sub-grant years to implement education to parents of children in under-immunized schools, in under-immunized zip codes, or among under-immunized people groups about the importance of timely immunizations based on the re-evaluation report of immunization coverage disparities.***
- ***Write and submit the updated implementation education plan.***
- ***Implement updated plans to educate parents of children in under-immunized schools, in under-immunized zip codes, or among under-immunized people groups about the importance of timely immunizations based on the updated education plan. If indicated, promote and/or conduct specialty immunization clinics in identified areas of under-immunization.***
- ***Write and submit a report describing progress on implementation actions.***

**D2a Each GV subrecipient agency is to respond to D2a.** Indicate that each funded agency will evaluate where under-immunized children and adolescents reside within their county by reviewing newer ODH-supplied school immunization reports, newer ODH-supplied data from ImpactSIIS, and updated cultural or socioeconomic indicators that influence vaccination rates.

The evaluation must include the following components:

1. Evaluate health insurance coverage in your county to determine the number of uninsured or underinsured children and/or adolescents.
2. Evaluate poverty rates in your county.
3. Evaluate data for free and reduced-price meal eligibility in schools in your county.
4. Evaluate school immunization coverage in your county based on newer data provided by ODH.
5. Evaluate the number of immunization providers in your county and their geographic locations.
6. Evaluate the impact of any groups within your county that have religious or philosophical objections to immunizations.
7. Evaluate newer vaccine antigen-specific data provided by ODH from ImpactSIIS.
8. Evaluate SVI data provided by ODH.

Indicate that each funded agency will write and submit an updated evaluation report in GMIS after completion of the evaluation.

**D2b Each GV subrecipient agency is to respond to D2b.** Indicate that each funded agency will create or update plans to implement education among parents of children in under-immunized schools, in under-immunized zip codes, or among under-immunized people groups about the importance of timely immunizations based on the re-evaluation report (D2a) of immunization coverage disparities. The plan must include immunization improvement methods to address:

- Immunization status of under-immunized children and adolescents who experience significant racial or socioeconomic indicators in each applicant county.
- Immunization status of under-immunized children and adolescents in areas where higher percentages of parents defer or postpone immunizations in each applicant county.
- Immunization status of under-immunized students in schools with higher incidence of incomplete immunizations and reasons of conscience in each applicant county. (Please note that parents of children with disabilities who are not in “home-room” classes may miss important information about immunizations if it is only conveyed or offered in home-room classes. Describe how information will be provided to parents of children with disabilities.)
- The plan is to be reviewed among parents of targeted children to receive parental input in hard-to-reach communities.

Indicate that each funded agency will write and submit the updated implementation education plan in GMIS.

**D2c Each GV subrecipient agency is to respond to D2c.**

Indicate that each funded agency will implement education strategies to improve immunization coverage disparities based on the updated implementation plan (D2b). The implementation process must include immunization education methods to address:

- Immunization status of under-immunized children and adolescents who experience significant racial or socioeconomic indicators in each applicant county.
- Immunization status of under-immunized children and adolescents in areas where higher percentages of parents defer or postpone immunizations in each applicant county.
- Immunization status of under-immunized students in schools with higher incidence of incomplete immunizations and reasons of conscience in each applicant county. (Please note that parents of children with disabilities who are not in “home-room” classes may miss important information about immunizations if it is only conveyed or offered in home-room classes. Describe how information will be provided to parents of children with disabilities.)

Indicate that each funded agency will write and submit a report in GMIS describing progress on immunization education implementation actions near the end of the project period.

D2 Deliverable Outcomes	Reimbursement	When to Submit
D2a Submit an immunization evaluation report in GMIS. The submission of the evaluation report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$2,000-\$6,000	After the updated evaluation plan to improve immunization disparities is completed.
D2b Submit an implementation education plan in GMIS. The submission of the report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$2,000-\$6,000	After the updated education plan to improve immunization disparities is completed.
D2c Submit a report describing progress on immunization education implementation actions in GMIS. The submission of the report must be documented on the D2 tab	\$2,000-\$6,000	After the immunization education progress report to improve immunization disparities is completed.

of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.		
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### **Deliverable Objective 3: Immunization Provider Identification**

***GV subrecipient agencies will successfully create a list of all immunization providers in their county that currently vaccinate infants, children and adolescents.***

- D3a Describe who will create, update and verify an alphabetically sorted list by name of all immunization providers in each GV-funded county. This list must show the name of each immunization provider and the past dates of any IQIP, MOBI or TIES activity. The list must show all VFC providers, all non-VFC immunization providers, and all pharmacies that provide vaccines to adolescents.
- D3b Indicate that one comprehensive list will be created by September 30, 2022 using the D3 tab in the 2022-2023 GV Deliverable Objectives Tracking Spreadsheet.

D3 Deliverable Outcome	Reimbursement	When to Submit
Create or update the comprehensive list of all immunization providers correctly for each GV-funded county by September 30, 2022. This must be documented on the D3 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$1,000	1 <sup>st</sup> quarter of funding cycle.

### **Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)**

***GV subrecipient agencies will successfully use the CDC-designed Immunization Quality Improvement for Providers (IQIP) process to assess immunization rates and factors that contribute to low immunization rates for populations, and work to improve on-time vaccination rates of children and adolescents using specific quality improvement interventions. ODH prefers in-person IQIP technical assistance for immunization providers. However, virtual IQIP site visits will be allowed until CDC notifies ODH that in-person visits must be resumed. The IQIP process works to address vaccination inequities in provider offices.***

*Note:* Staff who will conduct IQIP technical assistance must complete required ODH IQIP trainings and must sign and return the 2022 Data Collection Confidentiality Agreement issued by ODH by September 30, 2022.

- D4a List local health department staff who will attend the required IQIP trainings provided by ODH. ODH expects this training to be available prior to July 31, 2022. Trainings may be in-person or virtual based on COVID-19 guidelines. Only those employees who will actively perform the IQIP process are to be trained.
- D4b Indicate that your local health department agency will assure that the IQIP process is initiated for ***each health department in your county*** according to the following required activities:
- 1) Conduct an initial IQIP site visit (a face-to-face or virtual demonstration and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of local health department immunization data extracted from ImpactSIS using the CoCASA software. Select quality assurance (QI) strategies to improve pediatric and adolescent rates based on analysis of the data. Submit a report to ODH.
  - 2) Conduct a two-month check-in (face-to-face, virtual or by phone) with health department staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
  - 3) Conduct a six-month check-in (face-to-face, virtual or by phone) with health department staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality

improvement strategies. Submit a report to ODH.

- 4) Conduct a twelve-month follow-up (face-to-face or virtual) with health department staff after the initial IQIP site visit. Produce an immunization coverage assessment of data extracted from ImpactSIIS using the CoCASA software. Submit a report to ODH.

D4c Indicate that your local health department agency will recruit private (non-health department) immunization providers using the list from GV deliverable 3 to perform the IQIP process. Indicate how your agency will recruit private immunization providers who have known low rates or who have never received an IQIP in the past.

D4d Indicate that your local health department agency will initiate the IQIP process **among the private immunization providers** in your county according to the following required activities:

- 1) Conduct an initial IQIP site visit (a face-to-face or virtual demonstration and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of immunization data extracted from ImpactSIIS using the CoCASA software. Select quality assurance (QI) strategies to improve pediatric and adolescent rates based on analysis of the data. Submit a report to ODH. Note: Each site visit must be individualized with only one site location at a time. Multiple initial IQIP site visits performed simultaneously with multiple providers on the same day will not be reimbursed.
- 2) Conduct a two-month check-in (face-to-face, virtual or by phone) after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
- 3) Conduct a six-month check-in (face-to-face, virtual or by phone) after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
- 4) Conduct a twelve-month follow-up (face-to-face or virtual) after the initial IQIP site visit. Produce an immunization coverage assessment of data extracted from ImpactSIIS using the CoCASA software. Submit a report to ODH.

D4 Deliverable Outcomes	Reimbursement	When to Submit
D4a Appropriate local health department staff attend the IQIP training prior to September 31, 2022. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per eligible employee who attends the IQIP training.	1 <sup>st</sup> quarter of funding cycle.
D4b & D4d Conduct the initial IQIP site visit. Perform an immunization coverage assessment and select quality assurance (QI) strategies. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	<p>\$1,000 after the completed initial report is submitted to ODH.</p> <p>Note 1: <b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: <b>Multiple initial IQIP</b> site visits performed simultaneously with multisite providers on the</p>	After completion of initial IQIP visit (each month or quarter as completed).



	same day <b>will be reimbursed only if</b> required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.	
D4b & D4d Conduct a <b>two-month check-in</b> after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$250 after the completed 2-month report is submitted to ODH.	2 months after the initial IQIP visit (each month or quarter as completed).
D4b & D4d Conduct a <b>six-month check-in</b> after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$250 after the completed 6-month report is submitted to ODH.	6 months after the initial IQIP visit (each month or quarter as completed).
D4b & D4d Conduct a <b>twelve-month follow-up</b> after the initial IQIP visit using coverage reports and assessment of implementation of QI strategies. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	<p>\$1,000 after the completed 12-month report is submitted to ODH.</p> <p>Note 1: <b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: <b>Multiple follow-up IQIP</b> site visits performed simultaneously with multisite providers on the same day <b>will be reimbursed only if</b> required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	12 months after the initial IQIP visit (each month or quarter as completed). <b>(This may occur next subgrant period).</b>
<p><b>Notes for D4b &amp; D4d:</b></p> <p><b>CDC IQIP recommendations allow your agency to perform a 12-month follow-up visit at the same time as an initial visit using the same data. However, this is not ODH preference for these visits.</b></p>	<p><b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p>	



<p><b>If your agency performs the 12-month follow-up on the same day as the initial visit, you must record each activity on the GV deliverable objectives tracking spreadsheet, but only claim \$1,000 for the follow-up activity. The \$1,000 reimbursement will cover the costs to perform the 12-month follow-up with the initial IQIP on the same day using the same data.</b></p> <p><b>In order to maximize your reimbursement, ODH recommends that 12-month IQIP follow-up visits not occur at the same time as new initial IQIP visits (in person or virtual).</b></p> <p><b>ODH requires at least a one week spacing between 12-month follow-up visits and new initial visits. If you perform separate 12-month IQIP follow-up visits and initial IQIP visits at least one week apart, your agency will need to pull separate data for each IQIP visit.</b></p>	<p><b>Initial IQIP</b> visits performed that are separated by at least one week from the 12-month follow-up will be reimbursed. Separate data will need to be used for each type of visit.</p>	
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#### **Deliverable Objective 5: Provider Education – MOBI and TIES**

***GV subrecipient agencies will successfully engage health care providers to improve vaccine coverage and vaccine use by presenting the MOBI and TIES education sessions.***

- D5a List the names of staff who will be trained to conduct the Maximizing Office Based Immunization (MOBI) and Teen Immunization Education Sessions (TIES) program in each participating county. Only those employees who will actively perform provider education are to be trained with MOBI and TIES. *Note:* Contact the Ohio Chapter of the American Academy of Pediatrics at (614) 846-6350 for more information about MOBI and TIES trainings.
- D5b Describe your plan to perform MOBI and TIES programs among the immunization providers in your county. Describe how your agency will determine which providers will be targeted for the MOBI and TIES programs.

<b>D5 Deliverable Outcomes</b>	<b>Reimbursement</b>	<b>When to Submit</b>
<p>D5a Report each health department employee who attends the MOBI and TIES training in July 2022. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$500 per eligible employee who attends the MOBI and TIES training.</p>	<p>1<sup>st</sup> quarter of funding cycle.</p>
<p>D5b Report each completed MOBI or TIES session and submit the information to the Get Vaccinated Ohio— Provider Initiative (GP) subrecipient. The MOBI or TIES session must be documented on the D6 tab of the</p>	<p>\$500 per completed MOBI or TIES session.</p>	<p>Each month or quarter as completed.</p>

GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.		
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#### **Deliverable Objective 6: Perinatal Case Identification and Follow-up**

***Health districts must implement a system to ensure that all hepatitis B surface antigen positive (HBsAg+) pregnant females are identified and that their newborn infants, and infants born to females for whom no HBsAg test result is on record, are given hepatitis B immune globulin (HBIG) and hepatitis B vaccine (HBV) within twelve hours of birth. In addition, each child born to an HBsAg+ female must be followed to ensure that the remaining two doses of HBV are administered by six months of age, and that a post-vaccine serology is drawn and tested by twelve (12) months of age. HBsAg+ pregnant females must be counseled about their condition, and all household and sexual contacts of the female should be identified, interviewed, tested, and, if necessary, vaccinated with three doses of HBV.***

- D6a Describe your plan to ensure that all HBsAg+ pregnant females are identified prior to delivery. This should include a plan for working with ODH Perinatal Hepatitis B Prevention Program (PHBPP) staff, prenatal care providers, and hospitals in your county. Identify key process start and completion dates for each measurable planned activity.
- D6b Describe the system you will utilize to ensure that infants at high risk for hepatitis B disease will receive HBIG and HBV within twelve hours of birth. This should include infants born to females known to be HBsAg+ and females for whom no prenatal test is on record. Identify key process start and completion dates for each measurable planned activity in your county.
- D6c Describe your plan to track all infants born to HBsAg+ females to ensure completion of the three dose HBV series and a post-vaccine serology. Identify key process start and completion dates for each measurable planned activity in your county.
- D6d Describe the process your agency will use to identify, interview, test for hepatitis B, and if necessary, vaccinate all sexual and household contacts of HBsAg+ females identified through the PHBPP. Describe how your agency plans to arrange for hepatitis B laboratory testing for each case and/or contact who is uninsured or underinsured. ODH will reimburse the cost for hepatitis B testing for each uninsured or underinsured case and/or contact, up to a maximum of \$250 per individual tested. Identify key process start and completion dates for each measurable planned activity in your county.
- D6e Describe how your agency will report perinatal hepatitis B cases to ODH according to Ohio Administrative Code 3701-3-02 using the Ohio Disease Reporting System (ODRS), and how you will track the progress of each case. Describe how your agency will assure that the required hepatitis B case management information will be entered in ODRS. Identify key process start and completion dates for each measurable planned activity in your county. Indicate that your agency will follow the reporting requirements defined in Appendix G.
- D6f Indicate that your agency will ensure timely follow-up on all suspect perinatal hepatitis B cases according to your processes stated in D6a – D6e.

<b>D6 Deliverable Outcomes</b>	<b>Reimbursement</b>	<b>When to Submit</b>
Report each new perinatal case entered in ODRS. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per each new perinatal case (infant only) entered correctly in ODRS.	Each month or quarter as completed.
Report each closed perinatal case entered in ODRS. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$250 per each closed perinatal case (infant only) entered correctly in ODRS.	Each month or quarter as completed.

Report the actual cost for hepatitis B testing needed for any uninsured or underinsured perinatal hepatitis B case and/or contact. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	Up to \$250 per each completed test.	Each month or quarter as completed.
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#### **Deliverable Objective 7: School Immunization Assurance**

***Health districts must assure that licensed schools receive education regarding immunization school requirements. Health districts must perform an ODH-assigned school validation assessment to validate the immunization status report.***

- D7a Describe your plan to create an accurate list of all kindergarten through twelfth grade schools in your county and provide the list to ODH. The list must be completed by September 30, 2022.
- D7b Describe your plan to provide on-site, webinar or conferenced education to each kindergarten through twelfth grade school in your county between January 1, 2023 and June 30, 2023. The funded health department must use the ODH-produced power-point template discussing school immunization entry requirements, reporting requirements, and current ACIP recommended immunization schedules. ODH plans to train all GV-funded health departments to use this new power-point template using a webinar prior to January 31, 2023. Schools trained must be documented using the GV Deliverable Objectives Tracking Spreadsheet and submitted to ODH no later than July 10, 2023.
- D7c Indicate your commitment to perform a limited number of ODH-assigned school validation assessments. These assessments will validate individual immunization status reports submitted by each school during the Fall of 2022. These validation assessments will be initiated by ODH with assigned schools to be assessed between January 1, 2023 and April 10, 2023.

<b>D7 Deliverable Outcomes</b>	<b>Reimbursement</b>	<b>When to Submit</b>
D7a Accurately complete the list of all licensed schools in each applicant county by September 30, 2022. This must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$1,000 after submitted.	1 <sup>st</sup> quarter of funding cycle.
D7b Report each completed school education session. Each training event must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$150 per completed school training.	3 <sup>rd</sup> or 4 <sup>th</sup> quarter of funding cycle.
D7c Report each completed ODH-assigned school validation assessment. Each assessment must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$500 per completed school assessment.	3 <sup>rd</sup> or 4 <sup>th</sup> quarter of funding cycle.

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to [www.dnb.com](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

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

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)**

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before March 14, 2022.**

*[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, User Access, Access Change or Deactivation
- C. C1 Deliverable - GV Objective Descriptions  
C2 Deliverable - GV Objective Allocations
- D. 2022 - 2023 GV Application Review Form
- E. 2022 - 2023 GV Program Report Instructions
- F. Immunization-Related Health Equity Resources
- G. Perinatal Hepatitis B Outcome Requirements
- H. Sample GV23 Budget Justification

## Appendix A

Reimbursement  
Type

Select one of the  
options below:

☐ Monthly

OR

☐ Quarterly

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Infectious Diseases

ODH Program Title:

**Get Vaccinated Ohio – Public Health Initiative (GV23)**

### Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

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

Type of Applicant Agency  
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

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

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

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Michele.McPeters@odh.ohio.gov](mailto:Michele.McPeters@odh.ohio.gov) and [Dave.Feltz@odh.ohio.gov](mailto:Dave.Feltz@odh.ohio.gov) by **February 16, 2022**.

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

## Appendix B

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

### GMIS Training, User Access, Access Change or Deactivation Request

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

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

Check the type of access and complete the information requested:

☐ Employee — needs GMIS Training

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

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

Effective/Change Date: \_\_\_\_\_

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

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

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames): \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee Office Phone Number: \_\_\_\_\_

Employee Office Fax Number: \_\_\_\_\_

Employee Office Email Address: \_\_\_\_\_

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

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

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

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

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

## Appendix C1

**Name of Subgrant Program:** Get Vaccinated Ohio - Public Health Initiative (GV)

**Budget Period:** 7/1/22 – 6/30/23

**Number of Deliverables:** Seven (7)

**Use Budget Justification:** Scenario # 2

### ✓ Deliverables Only

D1 Deliverable Outcomes	Reimbursement	When to Submit
<p><b>D1a &amp; D1b</b> Report the number of pre-appointment reminders issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p> <p>Submit a quarterly attestation of reminder notices using the 'Deliverable 1 – Reminder and Recall Quarterly Attestation Form'. The form must be submitted in GMIS for each funded subrecipient and subcontractor at the end of each 3-month quarter.</p> <p>The reminder lists of children and adolescents must be maintained by each GV-funded agency and be available for a validation review by an Ohio Department of Health (ODH) representative during a site visit or an unannounced spot check.</p>	<p>\$3 per reminder issued for children and adolescents through 18 years of age.</p>	<p>Ongoing - each monthly or quarterly expenditure report.</p>
<p><b>D1c, D1d &amp; D1e</b> Report the number of recalls issued for health department patients aged birth through 18 years. This must be documented on the D1 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p> <p>Submit a quarterly attestation of recall notices using the 'Deliverable 1 – Reminder and Recall Quarterly Attestation Form'. The form must be submitted in GMIS for each funded subrecipient and subcontractor at the end of each 3-month quarter.</p> <p>The recall lists of children and adolescents must be maintained by each GV-funded agency and be available for a validation</p>	<p>\$3 per recall issued for children and adolescents through 18 years of age.</p>	<p>Ongoing - each monthly or quarterly expenditure report.</p>

review by an Ohio Department of Health (ODH) representative during a site visit or an unannounced spot check.		
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D2 Deliverable Outcomes	Reimbursement	When to Submit
D2a Submit an immunization evaluation report in GMIS. The submission of the evaluation report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$2,000 - \$6,000	After the evaluation plan to improve immunization disparities is completed.
D2b Submit an implementation education plan in GMIS. The submission of the report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$2,000 - \$6,000	After the education plan to improve immunization disparities is completed.
D2c Submit a report describing progress on immunization education implementation actions in GMIS. The submission of the report must be documented on the D2 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$2,000 - \$6,000	After the immunization education progress report to improve immunization disparities is completed.

D3 Deliverable Outcome	Reimbursement	When to Submit
Create or update the comprehensive list of all immunization providers correctly for each GV-funded county by September 30, 2022. This must be documented on the D3 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$1,000	1 <sup>st</sup> quarter of funding cycle.

D4 Deliverable Outcomes	Reimbursement	When to Submit
D4a Appropriate local health department staff attend the IQIP training prior to September 31, 2022. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per eligible employee who attends the IQIP training.	1 <sup>st</sup> quarter of funding cycle.
D4b & D4d Conduct the initial IQIP site visit. Perform an immunization coverage assessment and select quality assurance (QI) strategies. Submit a report to ODH. This must be	\$1,000 after the completed initial report is submitted to ODH.  Note 1: <b>Initial IQIP</b> visits	After completion of initial IQIP visit (each month or quarter as completed).



documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	<p>will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (Only the 12-month follow-up will be reimbursed).</p> <p>Note 2: <b>Multiple initial IQIP</b> site visits performed simultaneously with multisite providers on the same day <b>will be reimbursed only if</b> required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	
D4b & D4d Conduct a two-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$250 after the completed report is submitted to ODH.	2 months after the initial IQIP visit (each month or quarter as completed).
D4b & D4d Conduct a six-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$250 after the completed report is submitted to ODH.	6 months after the initial IQIP visit (each month or quarter as completed).
D4b & D4d Conduct a twelve-month follow-up after the initial IQIP visit using coverage reports and assessment of implementation of QI strategies. Submit a report to ODH. This must be documented on the D4 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	<p>\$1,000 after the completed 12-month report is submitted to ODH.</p> <p>Note 1: <b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: <b>Multiple follow-up IQIP</b> site visits performed simultaneously with multisite providers on the same day <b>will be</b></p>	<p>12 months after the initial IQIP visit (each month or quarter as completed). <b>(This may occur next subgrant period).</b></p>

	<b>reimbursed only if</b> required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.	
<p><b>Notes for D4b &amp; D4d:</b></p> <p>CDC IQIP recommendations allow your agency to perform a 12-month follow-up visit at the same time as an initial visit using the same data. However, this is not ODH preference for these visits.</p> <p>If your agency performs the 12-month follow-up on the same day as the initial visit, you must record each activity on the GV deliverable objectives tracking spreadsheet, but only claim \$1,000 for the follow-up activity. The \$1,000 reimbursement will cover the costs to perform the 12-month follow-up with the initial IQIP on the same day using the same data.</p> <p>In order to maximize your reimbursement, ODH recommends that 12-month IQIP follow-up visits not occur at the same time as new initial IQIP visits (in person or virtual).</p> <p>ODH recommends at least a one week spacing between 12-month follow-up visits and new initial visits. If you perform separate 12-month IQIP follow-up visits and initial IQIP visits at least one week apart, your agency will need to pull separate data for each IQIP visit.</p>	<p><b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p><b>Initial IQIP</b> visits performed that are separated by at least one week from the 12-month follow-up will be reimbursed. Separate data must be used for each type of visit.</p>	

D5 Deliverable Outcomes	Reimbursement	When to Submit
<p>D5a</p> <p>Report each health department employee who attends the MOBI and TIES training in July 2022. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	\$500 per eligible employee who attends the MOBI and TIES training.	1 <sup>st</sup> quarter of funding cycle.
<p>D5b</p> <p>Report each completed MOBI or TIES session and submit the information to the Get Vaccinated Ohio— Provider Initiative (GP) subrecipient. The MOBI or TIES session must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes</p>	\$500 per completed MOBI or TIES session.	Each month or quarter as completed.

section in the expenditure report.		
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D6 Deliverable Outcomes	Reimbursement	When to Submit
Report each new perinatal case entered in ODRS. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per each new perinatal case (infant only) entered correctly in ODRS.	Each month or quarter as completed.
Report each closed perinatal case entered in ODRS. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$250 per each closed perinatal case (infant only) entered correctly in ODRS.	Each month or quarter as completed.
Report the actual cost for hepatitis B testing needed for any uninsured or underinsured perinatal hepatitis B case and/or contact. This must be documented on the D6 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	Up to \$250 per each completed test.	Each month or quarter as completed.

D7 Deliverable Outcomes	Reimbursement	When to Submit
D7a Accurately complete the list of all licensed schools in each applicant county by September 30, 2022. This must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$1,000	1 <sup>st</sup> quarter of funding cycle.
D7b Report each completed school education session. Each training event must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$150 per completed school training.	3 <sup>rd</sup> or 4 <sup>th</sup> quarter of funding cycle.
D7c Report each completed ODH-assigned school validation assessment. Each assessment must be documented on the D7 tab of the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$500 per completed school assessment.	3 <sup>rd</sup> or 4 <sup>th</sup> quarter of funding cycle.

## Appendix C2

### 2022-2023 Get Vaccinated Ohio - Public Health Initiative (GV) Subgrant Objective Funding Allocations (Maximum Funds Available)

County	Reminder Recall	Immunization Disparities	Immunization Provider ID	Provider IQIP	MOBI & TIES	Perinatal Tracking	School Immunization Assurance	Total Deliverables
	D1	D2	D3	D4	D5	D6	D7	
Adams	\$3,681	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$5,350	\$22,531
Allen	\$12,102	\$7,500	\$1,000	\$16,000	\$10,500	\$4,000	\$10,900	\$62,002
Ashland	\$2,994	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$7,300	\$23,794
Ashtabula	\$6,465	\$7,500	\$1,000	\$14,000	\$6,500	\$0	\$8,800	\$44,265
Athens	\$7,938	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$6,850	\$31,288
Auglaize	\$14,100	\$6,000	\$1,000	\$4,000	\$1,500	\$1,600	\$6,700	\$34,900
Belmont	\$3,822	\$6,000	\$1,000	\$4,000	\$2,500	\$1,600	\$8,200	\$27,122
Brown	\$2,589	\$6,000	\$1,000	\$6,000	\$4,500	\$0	\$6,550	\$26,639
Butler	\$12,345	\$12,000	\$1,000	\$16,000	\$11,500	\$12,000	\$19,000	\$83,845
Carroll	\$4,722	\$6,000	\$1,000	\$4,000	\$3,500	\$0	\$5,500	\$24,722
Champaign	\$4,197	\$6,000	\$1,000	\$4,000	\$1,500	\$800	\$6,100	\$23,597
Clark	\$12,777	\$7,500	\$1,000	\$8,000	\$4,500	\$0	\$12,250	\$46,027
Clermont	\$2,490	\$9,000	\$1,000	\$12,000	\$9,500	\$4,000	\$11,800	\$49,790
Clinton	\$10,611	\$6,000	\$1,000	\$6,000	\$3,500	\$800	\$6,550	\$34,461
Columbiana	\$3,558	\$6,000	\$1,000	\$20,000	\$7,500	\$0	\$10,300	\$48,358
Coshocton	\$2,940	\$6,000	\$1,000	\$6,000	\$3,500	\$1,600	\$6,250	\$27,290
Crawford	\$8,859	\$6,000	\$1,000	\$10,000	\$5,500	\$800	\$7,150	\$39,309
Cuyahoga	\$14,031	\$18,000	\$1,000	\$52,000	\$38,500	\$32,000	\$86,050	\$241,581
Darke	\$7,629	\$6,000	\$1,000	\$10,000	\$4,500	\$800	\$7,300	\$37,229
Defiance	\$2,235	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$6,550	\$25,285
Delaware	\$17,619	\$9,000	\$1,000	\$18,000	\$11,500	\$5,600	\$13,000	\$75,719
Erie	\$16,326	\$6,000	\$1,000	\$10,000	\$4,500	\$1,600	\$8,800	\$48,226
Fairfield	\$3,144	\$7,500	\$1,000	\$10,000	\$7,500	\$0	\$11,200	\$40,344
Fayette	\$7,491	\$6,000	\$1,000	\$6,000	\$3,500	\$2,400	\$5,050	\$31,441
Franklin	\$80,787	\$18,000	\$1,000	\$58,000	\$46,500	\$88,000	\$80,200	\$372,487
Fulton	\$8,349	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$7,450	\$32,299
Gallia	\$10,854	\$6,000	\$1,000	\$6,000	\$3,500	\$500	\$6,250	\$34,104
Geauga	\$6,096	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$8,200	\$30,796
Greene	\$10,854	\$7,500	\$1,000	\$12,000	\$8,500	\$1,600	\$10,600	\$52,054
Guernsey	\$7,674	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$6,100	\$27,274
Hamilton	\$60,681	\$18,000	\$1,000	\$110,000	\$45,500	\$34,400	\$50,050	\$319,631
Hancock	\$10,332	\$6,000	\$1,000	\$8,000	\$3,500	\$1,600	\$9,850	\$40,282
Hardin	\$3,309	\$6,000	\$1,000	\$4,000	\$2,500	\$1,600	\$6,100	\$24,509
Harrison	\$369	\$6,000	\$1,000	\$4,000	\$3,500	\$0	\$4,600	\$19,469
Henry	\$6,141	\$6,000	\$1,000	\$6,000	\$3,500	\$500	\$5,950	\$29,091
Highland	\$9,291	\$6,000	\$1,000	\$8,000	\$5,500	\$800	\$7,000	\$37,591

Hocking	\$6,345	\$6,000	\$1,000	\$6,000	\$3,500	\$1,600	\$5,500	\$29,945
Holmes	\$9,513	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$6,400	\$32,413
Huron	\$20,661	\$6,000	\$1,000	\$4,000	\$2,500	\$3,200	\$8,050	\$45,411
Jackson	\$2,550	\$6,000	\$1,000	\$6,000	\$4,500	\$1,600	\$5,950	\$27,600
Jefferson	\$216	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$7,750	\$24,466
Knox	\$4,584	\$6,000	\$1,000	\$6,000	\$4,500	\$0	\$7,300	\$29,384
Lake	\$1,299	\$9,000	\$1,000	\$12,000	\$9,500	\$1,600	\$13,600	\$47,999
Lawrence	\$3,207	\$6,000	\$1,000	\$6,000	\$4,500	\$0	\$7,750	\$28,457
Licking	\$7,017	\$7,500	\$1,000	\$10,000	\$7,500	\$800	\$13,450	\$47,267
Logan	\$1,377	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$5,800	\$20,677
Lorain	\$12,945	\$9,000	\$1,000	\$14,000	\$10,500	\$800	\$20,650	\$68,895
Lucas	\$9,852	\$12,000	\$1,000	\$24,000	\$16,500	\$3,200	\$32,650	\$99,202
Madison	\$4,713	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$6,400	\$24,613
Mahoning	\$5,733	\$9,000	\$1,000	\$14,000	\$10,500	\$3,200	\$17,950	\$61,383
Marion	\$7,050	\$6,000	\$1,000	\$4,000	\$3,500	\$800	\$7,750	\$30,100
Medina	\$7,872	\$7,500	\$1,000	\$10,000	\$6,500	\$3,200	\$11,350	\$47,422
Meigs	\$1,038	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$5,200	\$19,738
Mercer	\$18,816	\$6,000	\$1,000	\$4,000	\$3,500	\$4,800	\$7,000	\$45,116
Miami	\$7,911	\$7,500	\$1,000	\$8,000	\$5,500	\$3,200	\$10,000	\$43,111
Monroe	\$3,033	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$5,200	\$21,733
Montgomery	\$28,554	\$12,000	\$1,000	\$32,000	\$25,500	\$11,200	\$33,850	\$144,104
Morgan	\$1,095	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$4,900	\$19,495
Morrow	\$2,253	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$6,250	\$22,003
Muskingum	\$6,519	\$7,500	\$1,000	\$8,000	\$6,500	\$800	\$9,550	\$39,869
Noble	\$3,624	\$6,000	\$1,000	\$4,000	\$1,500	\$0	\$4,600	\$20,724
Ottawa	\$5,085	\$6,000	\$1,000	\$4,000	\$3,500	\$800	\$6,850	\$27,235
Paulding	\$3,870	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$5,650	\$23,020
Perry	\$5,541	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$6,400	\$25,441
Pickaway	\$1,254	\$6,000	\$1,000	\$6,000	\$4,500	\$4,000	\$7,000	\$29,754
Pike	\$4,221	\$6,000	\$1,000	\$6,000	\$3,500	\$800	\$6,400	\$27,921
Portage	\$5,571	\$7,500	\$1,000	\$8,000	\$5,500	\$1,600	\$11,350	\$40,521
Preble	\$3,504	\$6,000	\$1,000	\$6,000	\$2,500	\$2,400	\$6,400	\$27,804
Putnam	\$12,759	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$7,750	\$34,009
Richland	\$7,917	\$7,500	\$1,000	\$8,000	\$5,500	\$800	\$12,100	\$42,817
Ross	\$3,597	\$6,000	\$1,000	\$8,000	\$5,500	\$2,400	\$7,900	\$34,397
Sandusky	\$12,864	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$7,150	\$36,514
Scioto	\$4,740	\$6,000	\$1,000	\$6,000	\$3,500	\$0	\$9,100	\$30,340
Seneca	\$11,541	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$7,450	\$32,491
Shelby	\$3,291	\$6,000	\$1,000	\$8,000	\$3,500	\$1,600	\$7,600	\$30,991
Stark	\$15,495	\$9,000	\$1,000	\$28,000	\$18,500	\$1,600	\$24,100	\$97,695
Summit	\$16,314	\$12,000	\$1,000	\$28,000	\$20,500	\$12,800	\$33,400	\$124,014
Trumbull	\$2,190	\$7,500	\$1,000	\$14,000	\$9,500	\$800	\$16,150	\$51,140
Tuscarawas	\$11,205	\$7,500	\$1,000	\$8,000	\$4,500	\$1,600	\$10,300	\$44,105
Union	\$6,774	\$6,000	\$1,000	\$6,000	\$4,500	\$0	\$6,700	\$30,974
Van Wert	\$7,530	\$6,000	\$1,000	\$4,000	\$2,500	\$1,600	\$5,800	\$28,430
Vinton	\$1,125	\$6,000	\$1,000	\$4,000	\$1,500	\$1,600	\$4,750	\$19,975

Warren	\$13,317	\$9,000	\$1,000	\$10,000	\$7,500	\$6,400	\$12,850	\$60,067
Washington	\$7,764	\$6,000	\$1,000	\$10,000	\$3,500	\$800	\$7,450	\$36,514
Wayne	\$5,181	\$7,500	\$1,000	\$6,000	\$4,500	\$800	\$11,350	\$36,331
Williams	\$3,387	\$6,000	\$1,000	\$4,000	\$2,500	\$0	\$6,550	\$23,437
Wood	\$846	\$7,500	\$1,000	\$6,000	\$4,500	\$3,200	\$10,300	\$33,346
Wyandot	\$8,880	\$6,000	\$1,000	\$4,000	\$1,500	\$1,600	\$5,800	\$28,780
Totals	\$762,942	\$631,500	\$88,000	\$910,000	\$576,000	\$285,800	\$1,015,300	\$4,268,542

## Appendix D

### 2022-2023 Get Vaccinated Ohio - Public Health Initiative (GV) Application Review Form

Applicant / Sub-Applicant Name: \_\_\_\_\_ GMIS#: \_\_\_\_\_

GMIS 2.0 Budget Issues	
Q: Was the budget justification included in the GMIS 2.0 application?	0 1
Q: Were all the deliverable costs shown in the Other Direct Costs section?	0 1
Q: Is total funding request at or below maximum funding allowed according to appendix C2 information?	0 1
List the requested funding amount: (sum the amounts for multiple counties)	
List any LHDs that will share an award:	Subtotal ____ / 3
Notes:	
Executive Summary	
Q: Did the applicant provide a poor, average or good overview?	0 1 2
Notes:	Subtotal ____ / 2
Description of Applicant Agency/Documentation of Eligibility/Personnel	
Q: Applicant summarized the agency structure & management of the GV subgrant?	0 1
Q: Described capacity to communicate to diverse audiences?	0 1
Q: Described capacity to reach children with low immunization rates and note relationships with community organizations?	0 1
Q: Noted any personnel or equipment deficiencies?	0 1
Q: Described plans for hiring & training and working with partners? (Position descriptions are optional)	0 1 2
Notes:	Subtotal ____ / 6

Deliverable Objective 1: Reminder and Recall Systems	
D1a: Described the reminder system for children under age 11?	0 1 2
D1b: Described the reminder process system for adolescents through age 18?	0 1 2
D1c: Described the recall process for children under age 11?	0 1 2
D1d: Described the process to recall patients for DTaP dose 4?	0 1 2
D1e: Described the process to recall adolescent patients through age 18?	0 1 2
<b>Notes:</b>	<b>Subtotal _____ / 10</b>
Deliverable Objective 2: Immunization Coverage Disparities	
D2a: Each funded agency committed to <u>evaluate</u> where under-immunized children and adolescents reside within their county by reviewing newer ODH-supplied school immunization reports, newer ODH-supplied data from ImpactSIS, and updated cultural or socioeconomic indicators that influence vaccination rates.	0 1
D2a: Each funded agency committed to <u>write and submit</u> an updated evaluation report in GMIS.	0 1
D2b: Each funded agency committed to <u>create or update plans</u> from prior sub-grant years to implement education among parents of children in under-immunized schools, in under-immunized zip codes, or among under-immunized people groups about the importance of timely immunizations based on the re-evaluation report (D2a) of immunization coverage disparities.	0 1
D2b: Each funded agency committed to <u>write and submit</u> the updated implementation education plan in GMIS.	0 1
D2c: Each funded agency committed to <u>implement education strategies</u> to improve immunization coverage disparities based on the updated implementation plan (D2b).	0 1
D2c: Each funded agency committed to <u>write and submit</u> a report in GMIS describing progress on immunization education implementation actions near the end of the project period.	0 1
<b>Notes:</b>	<b>Subtotal _____ / 6</b>
Deliverable Objective 3: Immunization Provider Identification	
D3a: Described how the list of providers will be created and verified?	0 1
D3b: Indicated that the list will be completed before September 30, 2022?	0 1
<b>Notes:</b>	<b>Subtotal _____ / 2</b>
Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)	
D4a: Listed the health department staff who will attend the IQIP training?	0 1
D4b: Provided assurance that the IQIP process will be initiated for each health department in the county according to the 4-step process?	0 1
D4c: Described how the agency will recruit private providers to participate in the IQIP process and focus on low performing providers?	0 1 2
D4d: Provided assurance that the IQIP process will be initiated for private providers in the county according to the 4-step process?	0 1
<b>Notes:</b>	<b>Subtotal _____ / 5</b>



Deliverable Objective 5: Provider Education – MOBI & TIES	
D5a: Listed staff who will be MOBI and TIES trainers (e.g., nurse, health educator)?	0 1
D5b: MOBI and TIES advertising plan is comprehensive / multidimensional?	0 1 2
D5b: Described the plan to implement the MOBI and TIES training well?	0 1 2
<b>Notes:</b>	Subtotal _____ / 5
Deliverable Objective 6: Perinatal Case Identification and Follow-up	
D6a: Described the plan to identify HBsAg+ pregnant females prior to delivery?	0 1 2
D6b: Described the system to assure HBIG and HBV w/in 12 hours to at-risk infants?	0 1 2
D6c: Described the plan to track infants for HBV and post-test serology?	0 1 2
D6d: Described the process to follow-up with additional hepatitis B contacts?	0 1 2
D6e: Described the process to report perinatal hepatitis B cases to ODH via ODRS?	0 1 2
D6f: Indicated that the agency will ensure timely follow-up on all suspect perinatal hepatitis B cases according to the processes stated in D6a – D6e.	0 1
<b>Notes:</b>	Subtotal _____ / 11
Deliverable Objective 7: School Immunization Assurance	
D7a: Described a plan to create a list of all licensed schools by September 30, 2022?	0 1 2
D7b: Described a plan to provide education to each licensed school in applicant county between January 1, 2023 and June 30, 2023?	0 1 2
D7c: Indicated commitment to perform an ODH-assigned school validation assessment between January 1, 2023 and April 10, 2023?	0 1 2
<b>Notes:</b>	Subtotal _____ / 6
<b>Comments to Subrecipient:</b>	

<b>Special Conditions:</b>			
<b>Reviewer Signature:</b>		<b>Date:</b>	

## 2022-2023 Get Vaccinated Ohio - Public Health Initiative (GV) Application Review Form - Score Summary

Applicant / Sub-Applicant Name: \_\_\_\_\_ GMIS#: \_\_\_\_\_

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		3
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		6
Deliverable Objective 1 Immunization Reminder and Recall Systems		10
Deliverable Objective 2 Immunization Coverage Disparities		6
Deliverable Objective 3 Immunization Provider Identification		2
Deliverable Objective 4 Immunization Quality Improvement for Providers (IQIP)		5
Deliverable Objective 5 Provider Education – MOBI and TIES		5
Deliverable Objective 6 Perinatal Case ID and Follow-up		11
Deliverable Objective 7 School Immunization Assurance		6
Application Element Subtotal:		56
<b>Total Application % Score</b> (Divide total application score by point value maximum = 56)		NA

## 2022-2023 Get Vaccinated Ohio - Public Health Initiative (GV) Program Report Instructions

Use the following instructions to prepare the program report that will discuss progress toward your Get Vaccinated Ohio - Public Health Initiative subgrant. Please follow instructions carefully, as program reports are scored. All 2022–2023 GV program reports are due to ODH on the following dates: January 15, 2023 and July 15, 2023.

A progress report template will be used to simplify the reporting for the two report periods: the first is a 6-month period from July 1, 2022 through December 31, 2022, and the second is a 12-month period that will encompass the entire sub-grant period from July 1, 2022 through June 30, 2023. The report template is a MS Word document that asks for brief responses to specific questions for each deliverable objective. Each GV-funded agency is to complete a brief response for each question in the column labeled “GV Subrecipient Narrative Response.” Some responses are shaded gray and will not be needed because they were not meant to be performed during the first six-month period.

### **GV Progress Report Instructions**

1. Receive the “2022-2023 GV Progress Report Template” from ODH via email. The progress report template and instructions will be emailed approximately one month prior to the due date.
2. Fill-in the name of your GV-funded agency and the GMIS 2.0 project number in the header.
3. Provide a brief response to each “Progress Report Request” in the column labeled “GV Subrecipient Narrative Response”.
4. GV sub-grants that share an award with multiple county health departments are to report separate progress report templates.
5. Save each completed progress report template file in your 2023 GV account in GMIS under the “Program Reports” Section.

**Note:** Do not submit the GV deliverable objectives tracking spreadsheet for the GV progress report. The GV deliverable objectives tracking spreadsheet is to be used only for your expenditure reports.

**Note:** All GV projects will report all required outcome measures using the 2022-2023 GV Deliverable Objectives Tracking Spreadsheet. This spreadsheet will be similar the 2021-2022 GV Deliverable Objectives Tracking Spreadsheet used when submitting monthly or quarterly expenditure reports. The final version of this spreadsheet will be provided to each GV-funded agency after the notice of awards are issued. The file format submitted in GMIS must be MS Excel. During the 2022-2023 subgrant cycle, the GV Deliverable Objectives Tracking Spreadsheet must be attached in the ODH Grants Management Information System (GMIS 2.0) when submitting monthly or quarterly expenditure reports.

If you have any questions, please contact David Feltz or Michele McPeters at (614) 466-4643.

## Appendix F

### Immunization-Related Health Equity Resources

GV applicants should review the following information sources regarding remaining immunization disparities in Ohio:

#### Healthy People 2030

Health.gov/HealthyPeople provides an overview, objectives, interventions, resources and national snapshots regarding vaccination rates. Healthy People 2030 goals for vaccinations are rooted in evidence-based clinical and community activities and services for the prevention and treatment of infectious diseases. Infants and children need to get vaccinated to prevent diseases like hepatitis, measles, and pertussis. Though most children get recommended vaccines, some U.S. communities have low vaccination coverage that puts them at risk for outbreaks. Strategies to make sure more children get vaccinated — like requiring vaccination for children who are in school — are key to reducing rates of infectious diseases.

Adolescents also need vaccines. Teaching people about the importance of vaccines, sending vaccination reminders, and making it easier to get vaccines can help increase vaccination rates in adolescents.

Healthy People 2030 objectives can be viewed here: [Vaccination - Healthy People 2030 | health.gov](https://www.health.gov/healthy-people-2030/vaccination)

In addition, evidence-based resources related to vaccinations on the Healthy People 2030 website can be located here: [Vaccination — Evidence-Based Resources - Healthy People 2030 | health.gov](https://www.health.gov/healthy-people-2030/evidence-based-resources)

#### Vaccination in Rural Communities

Despite the availability of safe and effective vaccines, fewer adolescents in rural areas are getting the HPV and meningococcal conjugate vaccines compared to adolescents in urban areas, leaving them vulnerable to serious diseases. View information from the Centers for Disease Control and Prevention (CDC). See: <https://www.cdc.gov/ruralhealth/vaccines/>.

#### National Healthcare Quality and Disparities Report from 2018.

Appendix A. List of Measures and Summary of Results for Figures shows quality trends through 2016. See: <https://www.ahrq.gov/research/findings/nhqdr/nhqdr18/index.html>.

#### National Immunization Survey (NIS) - Child Vaccination Coverage Reports

Each year, the Centers for Disease Control and Prevention (CDC) publishes child vaccination coverage reports from NIS-Child. These publications provide information and details about child vaccination coverage.

See: <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/pubs-presentations.html>.

Coverage with most childhood vaccines among children born in 2017 and 2018 was lower among those who were uninsured, Black, Hispanic, or living below the federal poverty level than it was among those who were privately insured, White, or living at or above the poverty level. Persistent disparities in vaccination coverage by health insurance status, race and ethnicity, and poverty status indicate that improvement is needed to achieve equity in the national childhood vaccination program. Efforts by health care providers and parents are needed to ensure that all children are protected from vaccine-preventable diseases.

ChildVaxView Interactive! shows data from the National Immunization Survey (NIS) the following indicators show that generally, disparities exist for children aged 19-35 months of age in Ohio. Data from children born in 2017 and 2018 indicate:

- Vaccine rates are lower in children below poverty (less than 133% FPL) - in all measures.
- Immunization rates in the rural areas (Non-MSA) are usually lower for recommended vaccines.

2014-2017 Ohio NIS Coverage Levels for those at 24 months:	< 133% FPL	133% to <400% FPL	>400% FPL
DTaP #4	68.1%	81.5%	87.3%
Polio #3	83.6%	90.7%	90.3%
MMR #1	81.5%	89.5%	90.6%
Full Series Hib	66.0%	79.3%	86.5%
HepB #3	87.8%	90.7%	89.4%
Var #1	79.2%	86.4%	90.6%
PCV #4	69.4%	82.6%	87.7%
HepA #2	65.6%	74.0%	78.0%
Rotavirus 8 months	61.9%	75.8%	79.1%
Combined 7 Series	55.7%	71.1%	81.9%

2014-2017 Ohio NIS Coverage Levels by Urbanicity	Non-MSA	Central City MSA	Non-Central City MSA
DTaP #4	72.3%	77.3%	78.7%
Polio #3	NA	88.8%	86.3%
MMR #1	84.8%	87.1%	86.0%
Full Series Hib	72.2%	77.0%	74.6%
HepB #3	87.6%	92.0%	87.2%
Var #1	85.5%	85.3%	82.1%
PCV #4	76.5%	78.6%	78.1%
HepA #2	65.0%	76.4%	70.7%
Rotavirus 8 months	74.8%	69.4%	69.8%
Combined 7 Series	59.0%	70.0%	67.0%

2014-2017 Ohio NIS Coverage Levels by Race/Ethnicity	White Non-Hispanic	Black Non-Hispanic	Hispanic	Multiple Race, Non-Hispanic
DTaP #4	80.7%	66.9%	73.8%	72.4%
Polio #3	89.9%	NA	85.2%	82.5%
MMR #1	88.4%	82.5%	89.0%	77.2%
Full Series Hib	79.2%	63.4%	72.3%	70.4%
HepB #3	89.3%	87.8%	95.9%	85.2%
Var #1	85.2%	81.6%	85.3%	80.2%
PCV #3	90.4%	82.1%	76.7%	71.4%
HepA #2	69.9%	78.0%	78.2%	63.8%
Rotavirus 8 months	74.0%	58.9%	63.4%	73.4%
Combined 7 Series	69.1	58.5%	66.3%	66.0%

### Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. This tool will also help understand social determinants of health related to the public health goals to immunize young children. Registered users have FREE access to over 7000 GIS data

layers at state, county, zip code, block group, tract, and point-levels; Contextualized mapping, visualization, analytic, impact and communication tools and apps; profiles of hundreds of place-based community initiatives (multi-sector collaboratives) working towards healthy/sustainable/livable/equitable communities; and peer learning forums in the "interactive commons" with colleagues exploring similar interests and challenges. See: <http://www.communitycommons.org/>

#### Ohio Department of Health – Health Improvement Zones

Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities.

[Health Improvement Zones | Ohio Department of Health](#)

Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book), 13<sup>th</sup> Edition. Immunization Strategies for Healthcare Practices and Providers, pages 33-46. Discussion notes: Those who remain unvaccinated are so largely because healthcare practices and providers do not always optimally perform the activities associated with delivering vaccines and keeping patients up to date with their immunization schedules.

American Journal of Preventive Medicine. 2010 Feb;38(2):127-37. Progress toward eliminating disparities in vaccination coverage among U.S. children, 2000-2008. Conclusions: Progress has been made toward eliminating vaccination coverage disparities among children in various socio-demographic groups in the U.S. As the end of the Health People 2010 goals period approaches, maintaining and advancing these reductions will require innovative strategies to reach underserved groups.

Pediatrics. 2009 Dec;124(6):1579-86. E-publication 2009 Nov23. Spatial accessibility to providers and vaccination compliance among children with Medicaid. Conclusions: Within our low-income, urban population, children with higher spatial accessibility to pediatric vaccination providers were more likely to be up to date with vaccinations. This association may guide future studies and efforts to ensure adequate immunization coverage for children regardless of where they live.

Pediatrics, Vol. 110, No. 5, November 2002. Reducing Geographic, Racial, and Ethnic Disparities in Childhood Immunization Rates by Using Reminder/Recall Interventions in Urban Primary Care Practices. See this weblink for more information:  
<http://pediatrics.aappublications.org/content/110/5/e58.full.pdf>.

## Appendix G

### **Perinatal Hepatitis B Outcome Requirements**

#### **Special notes regarding perinatal hepatitis B outcomes:**

The following tasks must be completed prior to requesting reimbursement for each **new infant case**:

- The infant perinatal hepatitis B case must be in applicant jurisdiction.
- Date infant case created in ODRS will be used for month/quarter/year.
- Infant perinatal hepatitis B case must meet case definition (mom HBsAg positive or, in very rare cases, IgM positive, or unknown status; infant is Ohio resident or transfer in; < 24 months old; born in the US; status = active follow up).
- Appropriate data fields must be completed in ODRS (including demographic, clinical, epidemiology, vaccination and contact data).
- The new infant case must be documented on the GV Deliverable Objectives Tracking Spreadsheet (use the ODRS case ID number) and attached to the notes section in the expenditure report.

The following tasks must be completed prior to requesting reimbursement for each infant **closed case**:

- Infant perinatal hepatitis B case must be in applicant jurisdiction when they met case definition.
- Date LHD closed the infant case must be entered in ODRS (used for month/quarter/year; in clinical module) and the LHD case status must not be set to “Active Follow up” in the clinical module.
- ODRS status shows reason for closure – primarily looking for infant completion, or some evidence of effort even if lost to follow up (doesn’t count if it turns out the mom was negative or if infant died at birth, for example). Documented in the status and notes section.
- Appropriate infant data fields must be completed in ODRS (including demographic, clinical, epidemiology, vaccination, contact). The birth weight and insurance status must be completed in the clinical module. If not available, document the reasons why in the notes section of the ODRS record.
- Infant post-vaccination serology testing (PVST) must be entered in ODRS: both HBsAg (Hepatitis B surface Antigen) test and anti-HBs (HBsAg surface antibody) are expected tests for the Perinatal Hepatitis B Prevention Program (PHBPP). They must be reported for billing. Alternatively, if they are both not reported, then refusal (or noncompliance) by the physician or family or both must be documented in ODRS.
- Close the infant case in ODRS by the time the infant is 2 yrs. and 6 months old.
- The closed infant case must be documented on the GV Deliverable Objectives Tracking Spreadsheet (use the ODRS case ID number) and attached to the notes section in the expenditure report.

The following tasks must be completed prior to requesting reimbursement for each **uninsured or underinsured** infant, case or household contact tested:

- Infant perinatal hepatitis B case must be in applicant jurisdiction that met case definition.
- The actual cost for hepatitis B testing of the uninsured or underinsured perinatal hepatitis B case or contact must be documented on the GV Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.



## Appendix H - Sample GV Budget Justification

(Insert Name of 2022 - 2023 GV Subrecipient)

(Insert Subrecipient GMIS Number)

### BUDGET JUSTIFICATION

(Example for Deliverable Objective Funding Only)

**Note:**

Budget justification line items listed below **MUST** be in the same order as those line items listed in the Other Direct Costs section in your GMIS budget.

### OTHER DIRECT COSTS

#### Deliverable Objectives – Budget Scenario 2

**Notes:**

- Budget leverage cannot be used to move funding into or out of any Deliverable Objective line items.
- Indirect costs cannot be charged against Deliverable Objective line items.
- A brief description of how each agency will accomplish meeting the deliverable is not required in the budget justification but must be listed in the deliverable objectives narrative for the Get Vaccinated Ohio – Public Health Initiative (GV).
- A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Use the recommended allocations for each county from Appendix C2 to complete the budget justification.

#### Deliverable Objective 1: Immunization Reminder and Recall Systems

Clark County Combined Health District	\$11,550
Champaign Health District	\$4,437
Madison County Public Health	\$4,977

#### Deliverable Objective 2: Immunization Coverage Disparities

Clark County Combined Health District	\$6,000
Champaign Health District	\$6,000
Madison County Public Health	\$6,000

#### Deliverable Objective 3: Immunization Provider Identification

Clark County	\$1,000
Champaign Health District	\$1,000
Madison County Public Health	\$1,000

#### Deliverable Objective 4: Immunization Quality Improvement for Providers (IQIP)

Clark County Combined Health District	\$8,000
Champaign Health District	\$3,500
Madison County Public Health	\$5,000

#### Deliverable Objective 5: Provider Education – MOBI and TIES

Clark County Combined Health District	\$8,500
Champaign Health District	\$2,500
Madison County Public Health	\$5,500

**Deliverable Objective 6: Perinatal Case Identification and Follow-up**

Clark County Combined Health District	\$ 0
Champaign Health District	\$ 800
Madison County Public Health	\$ 0

**Deliverable Objective 7: School Immunization Assurance**

Clark County Combined Health District	\$12,250
Champaign Health District	\$6,100
Madison County Public Health	\$6,400

**Total Other Direct Costs** **\$100,514**

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

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name & Title]

\_\_\_\_\_  
[Date]