



## MEMORANDUM

Date: January 2, 2020

To: Subrecipient agencies

From: Anna Starr, Interim Bureau Chief  
Bureau of Maternal, Child, and Family Health  
Ohio Department of Health

Subject: Infant Vitality Community Intensive Pilot Project FY21 (IV21)  
July 1, 2020 – June 30, 2021

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

All electronic applications and attachments are due by 4:00 p.m., February 10, 2020. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website (<https://www.odh.ohio.gov/en/about/grants/Competitive-Request-for-Proposals-Archive-Section>). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Melissa Kuhn at 614-466-1349 or e-mail at [Melissa.Kuhn@odh.ohio.gov](mailto:Melissa.Kuhn@odh.ohio.gov).

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## CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

**A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [July 1, 2020 to June 30, 2021] of the total project period, [April 1, 2018 to June 30, 2021]. Reference the competitive Solicitation for more information.

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

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

**B. Number of Grants and Funds Available:** [Up to three (3) subrecipients will be selected for a one-year agreement. Subrecipient awards will be based on submitted proposals as evaluated by ODH/State of Ohio.

The one-year funding total will not exceed \$1,300,000. Subrecipients will be awarded no more than the amount indicated:

- Cincinnati Children's Hospital Medical Center - \$400,000
- Hospital Council of Northwest Ohio - \$450,000
- Ohio University - \$450,000

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

### **C. Formatting Requirements for Attachments**

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

### **D. Qualified Applicants**

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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, February 10, 2020**

## **II. PROGRAM UPDATES:**

The 2019 State Health Assessment describes the status of health and wellbeing in Ohio and highlights the state's many opportunities to improve health outcomes, reduce inequities and control healthcare spending. In the assessment, maternal and infant health was identified as one of Ohio's greatest health challenges.

Infant mortality is defined as the death of a live-born baby before his or her first birthday. An infant mortality rate is the number of babies who died during the first year of life per 1,000 live births. Ohio's target is to achieve fewer than 6.0 infant deaths per 1,000 live births in every racial and ethnic group, which aligns with the national Healthy People 2020 objective established in 2010. Ohio's All Races Infant Mortality Rate in 2010 was 7.7 infant deaths per 1,000 live births.

In 2018, 938 Ohio infants died before their first birthday, compared to 982 in 2017. Ohio's 2018 All Races Infant Mortality Rate was 6.9 deaths per 1,000 live births, compared to 7.2 deaths per 1,000 live births in 2017. Ohio's Black Infant Mortality Rate in 2018 remains well above the Healthy People 2020 objective, and black infants in Ohio died at 2.5 times the rate of white infants.

Understanding that clinical care only comprises 20% of modifiable factors that influence health outcomes<sup>1</sup>, the Ohio Department of Health released a competitive grant that allowed three funded entities to implement a multi-pronged, population health project. Entities were charged with developing a project to overcome inequities in infant mortality

and poor birth outcomes by addressing clinical and social factors.

Booske, Bridget C. et al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.

## **A. Program Progress Report:**

### **1. Provide template or outline for the following:**

#### **a. Monthly progress report**

- Requirements of content for inclusion in template and in each monthly report:
  - Agency name, GMIS project #, program name, reporting period
  - All objectives from agency-created work plan
  - Status (completed, in progress, incomplete) of all activities from work plan
  - Successes of reporting month for each objective
  - Challenges of reporting month for each objective
  - How barriers or challenges will be addressed or corrected
  - Reports that do not include all required content will not qualify for payment.
- Monthly progress report templates must be approved by ODH and are subject to requested improvements or additional standardization throughout the grant year.

#### **b. Quarterly progress report**

- This report reflects the monthly progress report, but with added reporting of outcome measures. The monthly progress report is not submitted when quarterly progress reports are submitted.
- The narrative portions should reflect the previous month, but the outcome measures should reflect the previous quarter (to coincide with the quarterly data report).
- Quarterly reporting dates defined in the RFP apply to the quarterly progress report
- Requirements of required content for inclusion in template and in each quarterly progress report:
  - Agency name, GMIS project #, program name, reporting period
  - All objectives from agency created work plan
  - Status (completed, in progress, incomplete) of all activities from work plan
  - Successes of reporting month for each objective
  - Challenges of reporting month for each objective
  - How barriers or challenges will be addressed or corrected
  - Outcome measures progress for each objective

- Appropriate outcome measures should quantify productivity or effectiveness. The measurable variables by which attainment of objectives may be judged.
- Quarterly progress report templates must be approved by ODH and are subject to requested improvements or additional standardization throughout the grant year.

c. Final Report

- Requirements of template listed below. Include at a minimum, placeholders in template for each required component:
  - Agency name, GMIS project #, program name, reporting period
  - Current (grant year to date) work plan update including:
    - Status and overview of all agency work plan objectives, activities, and outcome measures
  - Data:
    - An aggregate summary of all indicators included in the quarterly data report.
    - Comparisons of IV21 data to the baseline of 2017 population-level data:
      - Preterm birth rate,
      - Low birth weight rate
      - Entry into prenatal care, by trimester
      - Utilization of infant health care
      - Disparities in poor birth outcomes
    - Program outcome data, including outcome data for all participants
    - Summary narratives of data findings. For the template, include what information narratives will include in the report.
  - Identification of program service areas
  - Lessons learned from the project, including effectiveness of intervention in addressing SDOH that contribute to infant mortality and disparities in birth outcomes
  - Impact of providing incentives and/or barrier removals
  - Program evaluation findings, including key evaluation questions (reference p. 11)
  - Sustainability plan – describe how services will be sustained following the completion of IV21.
- Final report templates must be approved by ODH and are subject to requested improvements or additional standardization throughout the grant year.

2. Other reporting and participatory requirements during the grant year:

a. Quarterly data report

- Template provided by ODH. Please note that agency must collect and report birth outcome data on births of women served with IV21 funding.
- Any changes to the availability, accuracy, or timing of data must be reported

- to ODH as soon they become known, and must be updated on the data key
  - Based on ODH need(s), there may be additional unexpected data requests throughout the grant year.
- b. Sustainability plan – agencies are required to provide a written, current sustainability plan due January 10, 2021. The report is to demonstrate how services will be sustained following completion of IV21.
  - c. Presentation – subrecipients will be required to present grant overview at the Ohio Department of Health; details and date to be determined.
  - d. Learning Community – subrecipients will be required to participate and present during quarterly Learning Community. Learning Community to be held in person, by webinar or conference call. ODH will schedule and facilitate meetings.
  - e. Monthly calls – subrecipients will be required to participate in monthly calls with ODH. Call content includes, but is not limited to, ODH reporting, updates, and technical assistance.
  - f. Based on ODH and subrecipient need(s), there may be changes to reporting requirements and other participatory requirements prior to the start of and/or during the grant year. In addition, there may be unexpected, additional reporting and/or participatory requirements throughout the grant year |

**B. Program Narrative:** Complete and submit a narrative statement (do not exceed 30 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. |

**1. Executive Summary:** Provide a high-level overview of the multi-pronged population health project continuation; summary of the goals and objectives to execute the project to overcome disparities in infant mortality and poor birth outcomes in the proposed grant year. Describe the demographic characteristics of the priority population and use available, current data to justify the population of focus and geographic area to be served. Describe lessons learned, successes, and quantify program outcomes to date. Identify key changes of proposed methodology or project scope from the original application.

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Identify roles and agency affiliations for project staff. Include a table of organization of program staff including agency affiliation. Describe how participants will continue to receive appropriate services in the event of a staffing shortage or extended absence.

**3. Problem/Need:**

Identify and describe the local health status concern(s) that will be addressed in the program's continuation. (Only restate national and state data if local data is not available.) The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability,

appropriateness of health services) indicators.

Clearly identify and describe the population of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, disability status, and geography must be provided).

Use the most current census/county geography to explicitly identify areas with a disproportionate burden of infant mortality and/or poor birth outcomes.

- Describe the program's impact on priority population to date; include data, even if it is preliminary (indicate when preliminary).
- Based on initial implementation, identify program participant needs that are not being met by existing outside agencies, organizations, or programs. Describe how continuation of this project will continue to fill identified gap(s) in service.
- Based on initial implementation, identify program participant needs that are not being met by your Community Intensive (IV20) program. Describe how continuation of this project will fill identified gap(s) in service. Summarize any changes to the program in response to the identified gaps.

Infant mortality and/or poor birth outcomes are reflective of a community's overall health status. Based on state, local, and program data collected during years one and two, provide baseline data to describe the following:

- The burden of infant mortality disparities and poor birth outcomes in your identified service geographies.
- The overall health status of your identified service area where disparate infant mortality and poor birth outcome rates are problematic.
- Specific health issues that negatively impact the health of women who are pregnant or have the potential for becoming pregnant.

#### **4. Methodology:**

Define capacity and readiness of your team and the community including:

- Progress or change in your community's level of readiness to act upon conditions which contribute to infant mortality disparities. Consider health status, health systems, clinical conditions, economic conditions, social conditions, etc.
- Frameworks established during the first two years of the program for improving birth outcomes and inequities in birth outcomes. Describe plans for 3rd year including how existing frameworks will be improved and if others will be implemented.

Identify epidemiology and data capacity. Highlight any changes for the continuation grant.

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to infant mortality priority measurements.
- Describe capacity for data management.
- Describe methodology for data analysis to measure the impact of the intervention(s) and for decision making.
- To assure high standards of data security, Infant Vitality agencies must develop written policies and operating procedures regarding data security. Provide copies of this

documentation. These written policies must address:

- Data collection,
  - Storage and security of records including while transported outside of the agency,
  - Record retention,
  - Client access to records,
  - Release of health information,
  - Re-disclosure,
  - Employee responsibility in confidentiality, including through communication with computers, electronic mail, telephone, cell phones, etc.,
  - Responsibility to the public,
  - Data corrections, deletions, destruction.
- All employees must be trained and provided with an annual review of data security policies and operation procedures. Documentation that this has been met is required.

Training must address:

- Securing files, records and computerized data;
- Ensuring that only authorized persons have access to confidential materials;
- Treating all confidential information as confidential;
- Documenting clients' consent for release of confidential materials;
- Conducting all interviews/counseling sessions with necessary privacy;
- Avoiding unauthorized conversations

Identify any changes to partnerships with organizations which have linkages to the priority population, including grassroots/community-based organization. Changes may include additions, expansions, roles in addressing specific barriers to positive birth outcomes, data sharing, and commitment.

Based on the following characteristics, define continuation of the previously developed multi-pronged population health project to address infant mortality.

- Describe how your intervention:
  - Increases awareness;
  - Directs resources where the need is greatest;
  - Addresses key driver(s) of poor birth outcomes and inequities in birth outcomes; and
  - Implements evidence-based quality improvement science and programming based on emerging practices.
- Provide an updated logic model for the project.
  - Logic model must include inputs, activities, outputs, and short-, medium-, and long-term goals. All program components in the methodology must be included in the logic model.
- Describe how the priority population will be identified, recruited and retained.
  - Discuss how the proposed approach addresses reaching, engaging and delivering program to this population. (Consider knowledge of beliefs, norms and values and socioeconomic factors)
- Provide estimated reach and cost per participant served.
- Evidence-Based Practices:

- Discuss the evidence that shows that this practice is effective with your population of focus.
  - If the evidence is limited or non-existent for your population of focus, provide other information to support your intervention(s).
  - Describe community buy-in for the proposed intervention.
  - Identify and justify any modifications or adaptations you will need to make (or have already made) to the proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes.
- If any objectives of the grant are to be implemented through a contract, include background information about the contract agency. Include all work to be conducted through contract, and how it will be monitored.
- Safe Sleep – If applicable, acknowledge the following in grant application to demonstrate understanding and agreement. If IV-funded staff will not provide any safe sleep education, state this in application.
    - If IV funds are used to provide safe sleep education, whether through cribs or safe sleep education, agencies must ensure that the latest ODH and American Academy of Pediatrics (AAP) guidelines for infant safe sleep are followed. Current guidelines are located at <https://pediatrics.aappublications.org/content/138/5/e20162938> and [https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program/media/Infant\\_Safe\\_Sleep\\_Policy](https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program/media/Infant_Safe_Sleep_Policy). If provided a crib through IV funding, safe sleep education must be provided. Educational sessions with crib distribution, must demonstrate setting up and taking down the crib.
    - For staff training, ODH Annual Safe Sleep Training should be referenced ([www.safesleep.ohio.gov](http://www.safesleep.ohio.gov))
    - Educational safe sleep materials funded by IV must follow AAP guidelines. The National Action Partnership to Promote Safe Sleep (NAPPSS) checklist should be used for safe sleep and breastfeeding images. (<https://www.ncemch.org/suids/documents/NAPPSS-ImageVettingChecklist.pdf>)
- Incentives and barrier removals:
  - If not requesting incentives and/or barrier removals, describe reason(s).
  - Incentives
    - Allowable incentives include gift cards, diapers, and baby wipes
    - If requesting incentives, please describe:
      - Total funding amount requested to support all incentives
      - Type(s) of incentive(s). (Ex. gift card, diapers, etc.)
      - Justification demonstrating that the total budgeted amount of proposed incentives is reasonable
      - Limits or allowances provided to each participant
      - Specific evidence demonstrating that participation is unlikely without incentives
      - Impact if incentives are not used
    - Minimum tracking requirements

- All incentives, including gas/gift cards
    - Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive.
    - Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed.
    - Gift/gas cards - log must contain the card number, date given, client name, signature and name of staff providing incentive
- Barrier removals
  - Supported barrier removals should be a local last resort. All other available resources should be sought and expended prior to utilizing these funds for barrier removals.
  - Allowable barrier removals include and are limited to: gas cards, transportation assistance, utility assistance, housing rental assistance. Additional barrier removals that support access to prenatal, postpartum, and infant care must receive prior approval from ODH.
    - If requesting barrier removals, please describe: Within each of the selected HP2020 domains, define subcategories and detail the specific forms barrier removals. (Ex. Transportation: bus passes, gas cards, ride share vouchers, etc.)
    - Requested barrier removals should be organized in accordance with the Healthy People 2020 (HP2020) five key areas of social determinants of health: economic stability, education, social and community context, health and health care and neighborhood and built environment. Each of these five domains reflects a number of key issues that make up the underlying factors in the arena of SDOH.
    - The proposed barrier removal in each domain must be clearly defined.
      - Ex. Transportation assistance will be insufficient. An applicant must describe the exact methods of proposed transportation assistance for approval by ODH. The same concept applies to housing assistance. ODH must clearly know and approve what form of assistance will be provided for all proposed barrier removals.
    - Provide the estimated total amount of each proposed barrier removal domain
    - Goals, impacts, and needs of providing barrier removals
    - If the same type of barrier removal assistance is expected to be provided more than once per individual (e.g., rent, etc.), describe how sustainability for the recipient will be ensured once no longer receiving assistance
    - Limits or allowances provided to each participant
    - How barrier removals will be used to fill gaps in services provided by other agencies
    - Total funding amount requested to support all barrier removals.
    - Justification demonstrating that the total budgeted amount of proposed barrier removals is reasonable
    - Describe the internal process for documenting clients' needs and the corresponding barrier removal

- Information provided in the application should include the local policy or procedure used to ensure the validation of the need and corresponding barrier removal.
    - Ex. Rental assistance: How is the applicant validating the need for rental assistance? How is the applicant ensuring rental assistance is applied to a fair rental price and is being paid to an appropriate party?
  - Minimum tracking requirements:
    - Recipients of barrier removals must sign a statement acknowledging the receipt of the barrier removal and agreeing to the purpose(s) of the barrier removal
    - Subrecipients are required to maintain a log of all client barrier removals purchased and distributed.
      - Must include date provided, client name, amount of barrier removal, barrier removal provided (e.g., rent, utility assistance, etc.), signature and name of staff providing barrier removal
      - Gift/gas cards – log must include above information in addition to card number
- Monitoring and Evaluation
  - Describe methods of past and current evaluation used to ensure continuous quality improvement. Include measures to assess the short term (one to three years) and intermediate effects (three to five years) of program interventions for priority groups (activities may include: client surveys, observations, health outcomes, etc.).
  - Key evaluation questions that must be used for monitoring and evaluation purposes, and responded to in final report:
    - What activities has your place-based initiative used to move toward short-, mid- and long-term outcomes (as outlined in ODH IV logic model) that can reduce disparities in infant mortality? How successful have these activities been? Are there barriers to reaching short-, mid- and long-term outcomes?
      - Activities addressed must include at a minimum: outreach and engagement, collaborative partnerships, reaching the target population
    - How has program data been used to inform program design and implementation?
    - Is your program continuing to address known drivers of inequities in your community?
      - How has this impacted your program design and implementation?
    - To what extent has ODH-provided technical assistance supported you in strengthening program design and implementation?
    - Identify at least 3 additional program-specific evaluation questions.
  - Describe how evaluation findings were used to inform changes to project methodology and/or scope. |

**C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives

and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date.

Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. |

Provide an updated work plan to execute the multi-pronged population health project to address infant mortality. The work plan must be reflective of all major components of the proposed methodology. Reference appendix B2 for a template and definitions of work plan components.

A new work plan must be submitted when there are any changes to objectives during the grant year.

Work plan must contain these key components:

- Project goals and objectives which must address one or more of the following to improve birth outcomes and reduce the disproportionate burden of infant mortality and poor birth outcomes:
  - Reduce preterm birth rates,
  - Reduce low birth weight rates,
  - Increase early entry into prenatal care,
  - Increase use of infant health care,
  - Reduce health disparities,
  - Reduce impact of SDOH to improve birth outcomes
  - Address clinical interventions (e.g., Safe sleep, group prenatal care, newborn screening, safe birth spacing, gestational diabetes, smoking cessation, breastfeeding, care coordination and progesterone).
- Objective of a sustainability plan to sustain this work both during the project and following its completion
- Activities associated with each SMART objective
- Timeline of activities
- Lead entity for each activity
- Data elements for tracking activities and program evaluation
- Outcome measures

Supplement the work plan, in narrative form:

- Describe how achievement of the goals will produce meaningful and relevant results.
- Describe frequency and method of monitoring and evaluating progress towards work plan goals and objectives. Provide plan of action if outcomes are not meeting or exceeding expectations. Describe how the analysis of program impact data will be used to enhance the effect of program interventions. |

**D. Documentation & Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to

document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. |

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- **Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

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

|  
In addition to a budget narrative, a Fiscal Breakdown is required (see appendix C).

|If a match is not required by the federal grant, include the following language: 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. |

- **2021 Budget via GMIS:** Complete requested budget information as follows:
  - **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period | July 1, 2020 | to | June 30, 2021. |  
  
The applicant shall retain all original fully executed contracts on file.
  - **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
  - **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;
16. *Cash payments to participants*.

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.**

Client incentives are allowable. The following client incentives are allowed:  
Gift cards, diapers, baby wipes

All incentives and incentive amounts are subject to ODH approval. Any unused gift cards at the end of the grant period will be subject to reimbursement in that amount to ODH.

Client enablers are allowable. The following client enablers are allowed:  
Gas cards, transportation, utility assistance, housing rental assistance,  
Additional enablers that support access to prenatal, postpartum, and infant care as approved by ODH.

All enabler and enabler amounts are submitted to ODH approval. Any unused gas cards at the end of the grant period will be subject to reimbursement in that amount to ODH.

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

Please refer to the methodology section for further guidance on incentives and enablers.

## **F. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments.

1. Monthly progress report template
2. Quarterly progress report template
3. Final report template
4. Budget justification (using B1 as guide)
5. Deliverables - Objective Allocations Application Review Form (appendix B2)
6. Work plan (using appendix B3 as guide)
7. Deliverables Output and Costs Guide (using appendix B4 as guide)
8. Fiscal Breakdown (using appendix C as guide)
9. Place Matters Template
10. Barrier removal and incentive documents (if applicable). Reference p. 10-11 for requirements.

- a. Recipient signed statement template
  - b. Tracking log template
11. Tracking template for deliverable four. Reference appendix B1 for requirements.

All attachments are submitted via GMIS. All attachments must clearly identify the authorized program name and program number.

**a. Other Required Documentation:**

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

1. **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.
2. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
3. **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and 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.
4. **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.)**

**5. For Non-Profit Organizations Only:**

- 1. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS.**
- 2. Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

**G. Human Trafficking:**

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

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

☒ x Applicable ☐ Not Applicable to Infant Vitality Community Intensive Pilot Project

**H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

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

Reports shall be submitted as follows:

- a. Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS by the following dates.** Program reports must be completed thoroughly, including all information reported on as required by ODH. If an area is not applicable, or if there is no information to report, please note. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program

report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Monthly program reports

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 21</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

Quarterly program reports

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>

Final report

<i>Period</i>	<i>Report Due Date</i>
<i>July 1, 2020 – June 30, 2021</i>	<i>July 10, 2021</i>

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: |

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>

<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 21</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>

*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.*

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 5, 2021). The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## **APPENDICES**

- A. Continuation Solicitation Reimbursement Type Form
- B. 1 Deliverable – Objective Descriptions  
2 Deliverables - Objective Allocations Application Review Form  
2 Work Plan Template and Guidance  
3 Deliverables Output and Costs Guide
- C. Fiscal Breakdown
- D. Place Matters Documentation Template
- E. Logic Model)



Appendix A

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

Submission  
Required

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

See due date below

ODH Program Title:  
Infant Vitality Community Intensive Pilot Project

Reimbursement Type (check one) Monthly ☐ OR Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

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

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

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

Telephone Number \_\_\_\_\_

E-mail  
Address \_\_\_\_\_

Agency Head (Print Name)

Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.*

Due to ODH by January 15, 2020

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

**Name of Subgrant Program:**

**Budget Period:**

**# of Deliverables:**

**Use Budget Justification Scenario#: 3**

### **100% Deliverables**

**Deliverables must match those listed in methodology and work plan sections.**

**Budgets should reflect all costs associated with implementing the deliverable/objective, including personnel, travel/mileage, training/professional development, technology, and contracts/subrecipients.**

**Validation for completion of each deliverable/objective must be provided with the expenditure report in which payment is requested.**

**A method for validating each objective of this deliverable must be provided with the grant application in the Deliverable Output and Costs Guide, and approved by ODH.**

#### **Deliverable – Objective 1: Reporting**

- List objectives and total cost for each objective.
- This does not need to be reflected in the work plan.
- This must include monthly, quarterly progress, quarterly data, and final reports; monthly, quarterly progress, and final report templates, and excludes expenditure reports.
- Monthly and quarterly progress report templates are due no later than August 10, 2020.
- Final report templates are due no later than March 31, 2021.
- Due dates for monthly, quarterly, and final reports must match those listed on pages 16-17.

#### **Deliverable – Objective 2: Community engagement**

- List objectives and total cost for each objective.  
This deliverable is only required if in methodology/work plan.

#### **Deliverable – Objective 3: Community outreach**

- List objectives and total cost for each objective.
- This deliverable is only required if in methodology/work plan.

#### **Deliverable – Objective 4: Direct services for pregnant women**

- List objectives and total cost for each objective.
- This is a required deliverable.
- A tracking template that will be submitted with each expenditure report must be provided with the grant application.
- Validation submitted to ODH with expenditure reports should not include client names, but at least include a unique identifier. The full list of client names must be available for review during monitoring and/or site visits.

**Deliverable – Objective 5: Social Determinants of Health barrier removals**

- List objectives and total cost for each objective.
- This is a required deliverable to agencies providing barrier removals
- A tracking template and recipient signed statement template must be provided with the grant application if applicable. Reference p. 10-11 for requirements.
- Validation submitted to ODH with expenditure reports should not contain client names, but at least include a unique identifier, in addition to the amount provided to each client during each instance. The amounts indicated will be cross referenced to those listed in the quarterly data report. Failure to submit validation and/or discrepancies between the validation document(s) and data report will result in a denial of payment.

**Deliverable – Objective 6: Incentives**

- List objectives and total cost for each objective.
- This is a required deliverable only to agencies providing incentives
- A tracking template and recipient signed statement template must be provided with the grant application if applicable. Reference p. 10-11 for requirements.
- Validation submitted to ODH with expenditure reports should not contain client names, but at least include a unique identifier, in addition to the amount provided to each client during each instance. The amounts indicated will be cross referenced to those listed in the quarterly data report. Failure to submit validation and/or discrepancies between the validation document(s) and data report will result in a denial of payment.

**Deliverable – Objective 7: Partnership building**

- List objectives and total cost for each objective.

**Deliverable – Objective 8: Data**

- List objectives and total cost for each objective.
- This is a required deliverable.

**Deliverable – Objective 9: Evaluation**

- List objectives and total cost for each objective.
- This is a required deliverable

**Deliverable – Objective 10: Sustainability plan**

- An update of the sustainability plan is due January 10, 2021
- This is a required deliverable.

## Appendix B2

**Name of Subgrant Program:** Infant Vitality Community Intensive Pilot Project  
**Budget Period:** 7/1/20-6/30/21  
**# of Deliverables:** 10  
**Use Budget Justification Scenario #:** 3

\_\_\_\_ Base Only  
 \_\_\_\_ Base and Deliverables  
  x   Deliverables Only

	<b>Deliverable - Objective 1 (Reporting)</b>	<b>Deliverable - Objective 2 (Community engagement)</b>	<b>Deliverable - Objective 3 (Community outreach)</b>	<b>Deliverable - Objective 4 (Direct services for pregnant women)</b>	<b>Deliverable - Objective 5 (Social Determinants of Health barrier removals)</b>
Cincinnati Children's Hospital Medical Center/Cradle	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hospital Council of Northwest Ohio	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Ohio University	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
	<b>Deliverable - Objective 6 (Incentives)</b>	<b>Deliverable - Objective 7 (Partnership building)</b>	<b>Deliverable - Objective 8 (Data)</b>	<b>Deliverable - Objective 9 (Evaluation)</b>	<b>Deliverable - Objective 10 (Sustainability plan)</b>
Cincinnati Children's Hospital Medical Center/Cradle	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Hospital Council of Northwest Ohio	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient
Ohio University	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient	Amt provided by subrecipient

	<b>Total of Deliverables 1-10 not to exceed</b>				
Cincinnati Children's Hospital Medical Center/Cradle	\$400,000				
Hospital Council of Northwest Ohio	\$450,000				
Ohio University	\$450,000				

Infant Vitality Community Intensive Pilot Project  
Work Plan Template and Guidance

The template provided is not required to be used, but all components provided in the template must be in the subrecipient work plan.

<b>Goal:</b> General, big-picture statement of an outcome a program intends to accomplish to fulfill its mission; desired outcome is clear					
<b>Objectives</b>	<b>Activities</b>	<b>Timeline</b>	<b>Agency or Person Responsible</b>	<b>Outcome Measures</b>	<b>Data Sources</b>
Big-steps program will take to attain its goal, or steps towards overall goal  SMART – Specific (who, what, where) Measurable (how many) Achievable – attainable Realistic – can be attained Timeframed - when	What a program does, or its specific tasks, to meet objectives and ultimately fulfill goals	Specific dates for each activity	Identifies what agency or person is responsible for the listed activities	Standard a program sets for itself to measure progress in achieving goals	Data collected and sources used to measure success
Repeat process for each objective					
Repeat process for each objective					
Repeat process for each goal.					

Reference:

Heiden, Kathleen and Rene Lavinghouse. Workplans: A Program Management Tool. Available from [https://www.cdc.gov/OralHealth/state\\_programs/pdf/workplans.pdf](https://www.cdc.gov/OralHealth/state_programs/pdf/workplans.pdf)

**Infant Vitality Community Intensive Pilot Project  
Deliverables Output and Costs Guide**

Provide the objectives under each deliverable, measurable output, unit, cost/unit, total cost/objective, and due date. This should match the deliverables and objectives listed in appendix B1. If a deliverable is not applicable, indicate this (do not delete from chart). Add lines under deliverables as needed.

For each deliverable, a mechanism of validation must be determined by the subgrantee and approved by ODH. The form of validation determined by the subgrantee must authenticate and confirm completion of the identified deliverable. (Examples: deidentified list of participants served, event agenda, materials and/or sign-in sheet, signed partnership agreement, etc.) The documentation will be submitted with the expenditure report in which payment is requested.

Objectives 4, 5, and 6: Validation submitted to ODH with expenditure reports should not contain client names, but at least include a unique identifier, in addition to the amount provided to each client during each instance of incentives and/or barrier removals. The amounts indicated will be cross referenced to those listed in the quarterly data report. Failure to submit validation and/or discrepancies between the validation document(s) and data report will result in a denial of payment

Failure to provide appropriate documentation, including the submission of validation documentation outside of what has been pre-approved by ODH, may result in a delay or denial of payment.

Objective	Measurable Output(s)	Unit	Cost/Unit	Total Cost/Objective	Due Date
<b>Deliverable - Objective 1 - Reporting</b>					
Objective A - write out objective here					
Objective B - write out objective here					
<b>Deliverable - Objective 2 - Community engagement</b>					
<b>Deliverable - Objective 3 - Community outreach</b>					
<b>Deliverable - Objective 4 - Direct services for pregnant women</b>					
<b>Deliverable - Objective 5 - Social Determinants of Health barrier removals</b>					
<b>Deliverable - Objective 6 - Incentives</b>					
<b>Deliverable - Objective 7 - Partnership building</b>					
<b>Deliverable - Objective 8 - Data</b>					
<b>Deliverable - Objective 9 - Evaluation</b>					
<b>Deliverable - Objective 10 - Sustainability plan</b>					

**Infant Vitality Community Intensive Pilot Project  
Fiscal Breakdown**

Provide information to detail the methodology and breakdown the costs for each deliverable listed in Appendix B1.

1. Categorize costs into the following:
  - a. Personnel;
  - b. Travel/mileage;
  - c. Training/professional development;
  - d. Technology;
  - e. Contracts/subrecipients
  - f. Other (describe) – all requested monies must be accounted for
2. Identify the number of staff hours allocated to each deliverable, by position.
3. Identify the total number FTEs required to support this work, by position.
4. Identify the total count of personnel required to support this work, by position.

## Place Matters Documentation Template

**County:** Your County

**Budget Period:**

**GMISID:**

**Agency Name:**

**Subgrant Program:**

[illegible]

**Ohio Department of Health  
Infant Vitality Community Intensive Pilot Program**

