



MEMORANDUM

Date: February 13, 2023

To: Local Health Department Applicants

From: Kara Tarter, MPH CIC *Ka Tat*
Interim Chief, Bureau of Infectious Diseases

Subject: Get Vaccinated Ohio – Provider Initiative (GP24) Subgrant Solicitation

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of the Get Vaccinated Ohio – Provider Initiative (GP24). This subaward will fund one organization in Ohio to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric and adolescent patients to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio's children. In addition, ODH seeks to provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-Get Vaccinated Ohio – Public Health Initiative (GV) funded counties to improve vaccine use and timeliness.

All applicants must be non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio. Agencies interested in applying must first submit a Notice of Intent to Apply for Funding (NOIAF) form by February 22, 2023.

All electronic applications and attachments are due by 4 p.m., Monday, March 27, 2023, 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.

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 Erika Baker at 614-466-4643 or email at dave.feltz@odh.ohio.gov or erika.baker@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF INFECTIOUS DISEASES

Get Vaccinated Ohio – Provider Initiative (GP) SOLICITATION FOR FISCAL YEAR 2024 (7/1/23 – 6/30/24)

Local Public Health Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 9/20/2021

For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by **February 22, 2023** 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://ohiopays.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 – Provider Initiative (GP)

C. Purpose: The Ohio Department of Health (ODH) Immunization Program seeks to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric and adolescent patients to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio's children. In addition, ODH seeks to provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-Get Vaccinated Ohio – Public Health Initiative (GV) funded counties to improve vaccine use and timeliness.

D. Qualified Applicants: All applicants must be non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

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 p.m. on Monday, March 27, 2023.**

E. Service Area: Applicants must be able to coordinate the GP program for the entire state of Ohio.

F. Number of Grants and Funds Available: One subgrant will be awarded. Total funding for the GP subgrant is expected to be approximately \$300,000 for 2023-2024. Funds originate from federal funding sources.

*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 p.m. **Monday, March 27, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Dave Feltz or Erika Baker at (614) 466-4643 or dave.feltz@odh.ohio.gov or erika.baker@odh.ohio.gov with

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. Goal:** The goal of the GP program is to improve and sustain vaccination coverage through increased education to physician offices that provide immunizations to pediatric patients. GP will equip and enable local health districts to provide 500 high quality MOBI and TIES peer-to-peer education programs to Ohio private practices during the subgrant period. In addition, the recipient of GP funding will provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-GV-funded counties to improve vaccine use and timeliness. GP funds originate 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, 2023 and end on June 30, 2024. The budget period for this application is July 1, 2023 through June 30, 2024.

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

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

PHAB Standard	PHAB Measure	GP Objectives
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.	1.3.2 L – Public health data provided to various audiences on a variety of public health issues	D1 D3 D5
Standard 1.4: 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	D1 D2 D3 D4 D5
Standard 3.1: 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.	D1 D2 D3 D4 D5

Standard 3.2: 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.	D1 D2 D3 D4 D5
Standard 7.2: Identify and implement strategies to improve access to healthcare services.	7.2.3 A – Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care	D1 D3
Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	9.2.2 A – Implemented quality improvement activities	D1 D2 D3 D4 D5
Standard 10.1: 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 D4 D5
Standard 10.2: 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	D1 D2 D3 D4 D5

The PHAB standards are available at the following website:

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

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

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

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

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.

- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Model 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* - 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).
<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 – Provider Initiative (GP)

- 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 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 27, 2023 at 4 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, Inclusive and Equitable (SMART-IE) 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, “2023-2024 Get Vaccinated Ohio – Provider Initiative (GP) Program Report Instructions” by the following dates: January 15, 2024 and July 15, 2024. 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, 2023 – December 31, 2023 (6 months)	January 15, 2024
July 1, 2023 – June 30, 2024 (12 months)	July 15, 2024

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 NOI AF). 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, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

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

Period	Report Due Date
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

Note: Obligations not reported on the final monthly or fourth 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 p.m.** on or before August 5, 2024. 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 emailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 7/1/23 through 6/30/24.

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: MOBI and TIES Presentation Development

The GP subrecipient will use the pre-existing MOBI and TIES plan to revise and update a comprehensive plan to update the MOBI and TIES materials for activities from 7/1/23 – 6/30/24 according to current ACIP guidance.

- D1a The applicant must agree to create and submit a plan to ODH by August 31, 2023 that describes how the following activities will be accomplished:
1. Revise and update MOBI and TIES educational presentations. Discuss how new ACIP, CDC, and AAP recommendations will be incorporated into existing presentations, and any changes that specifically address strategies for improving immunization rates.
 2. Assemble and use an advisory and/or curriculum review committee to include representatives from the ODH Immunization program, Ohio AAP and other MOBI and TIES trainers to update MOBI and TIES presentation materials. Committees should reflect the racial, ethnic and geographic populations of this state that experience disparities in vaccination rates.
 3. The applicant is not to include a quality assurance module at the end of each MOBI or TIES session to evaluate changes to office practices to improve immunization rates. This process is now funded using the CDC-required process Immunization Quality Improvement for Providers (IQIP) and replaces any previous quality improvement processes.
 4. Include materials promoting the awareness of health disparities within individual provider practices and materials ensuring access to immunizations for all children.
 5. Update the MOBI and TIES resource pack materials as changes occur with ACIP, CDC, or other recommendations.
 6. Apply for continuing education credit (e.g., CEU, CNE and/or CME credit) for the MOBI and TIES process.
 7. Evaluate overall MOBI and TIES program strengths and weaknesses.
 8. Observe and evaluate at least twenty percent of MOBI and TIES trainers performing a MOBI or TIES presentation. This should be a random event. Develop a standardized form to evaluate the

effectiveness of the presenter, as well as the presentation materials.

D1 Deliverable Outcomes	Reimbursement	When to Submit
Submit the MOBI and TIES presentation plan in GMIS. This must be documented on the D1 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$5,000	First quarter No later than August 31, 2023.

Deliverable Objective 2: Training MOBI and TIES Trainers

The GP subrecipient grantee will train MOBI and TIES trainers close to the beginning of the calendar year, equipping them to successfully conduct MOBI and TIES trainings throughout Ohio and provide any needed make-up training sessions as needed.

- D2a Describe the plan to provide one MOBI and TIES train-the-trainer workshop in July 2023 and any additional make-up or update workshops as needed. Describe who will be involved in the preparations and who will present at the training event.
- D2b Describe the plan to update, produce and distribute any MOBI and TIES electronic presentation files to each active trainer. Include the plan to update, produce and distribute one training manual per active trainer.

D2 Deliverable Outcomes	Reimbursement	When to Submit
Complete the primary MOBI and TIES train-the-trainer workshop no later than July 31, 2023. The number and names of attendees must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$15,000	First quarter No later than July 31, 2023.
Complete any additional make-up train-the-trainer workshops during the remainder of the GP subgrant period. The number and names of attendees must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$2,500 per make-up training session.	Each month or quarter as completed.

Deliverable Objective 3: Program Administration and Presentation Support

The GP subrecipient will successfully administer the MOBI and TIES program in Ohio and provide planning services and administrative support to the MOBI and TIES trainers in Ohio from 7/1/23 – 6/30/24.

- D3a Describe the plan to facilitate at least 250 MOBIs and 250 TIES education sessions performed by GV-funded county health department personnel.
- D3b Describe the plan to distribute the latest edition of the CDC Pink Book to each office trained using MOBI or TIES (14th Edition – 2021).
- D3c Describe the plan to produce and distribute a MOBI and TIES centralized resource pack to each MOBI and TIES attendee.
- D3d Describe how GV-funded local health department trainers will communicate to the subgrantee to set-up and request planned MOBI and TIES presentations.
- D3e Describe the process to assure program completion and provide CEU, CNE and/or CME credit to participants for completed MOBI and TIES courses.
- D3f Describe the plan to produce and distribute a quarterly newsletter for MOBI and TIES trainers to

- provide continuing education.
- D3g Describe the plan to compile and evaluate data for completed MOBI and TIES programs conducted in GV-funded and non GV-funded counties.
 - D3h Describe the plan to provide monthly updates to ODH (i.e., dave.feltz@odh.ohio.gov) showing completed MOBI and TIES programs recorded on the deliverable objectives tracking spreadsheet with listed names of providers and trainers.
 - D3i Describe the plan to market and promote the MOBI and TIES programs to private providers in Ohio. Discuss proposed changes to MOBI and TIES marketing materials (MOBI travels) or any other MOBI or TIES marketing materials.
 - D3j Describe the plan to collaborate with community immunization initiatives and promote the importance of MOBI and TIES.
 - D3k Describe the plan to observe and evaluate at least twenty percent of MOBI and TIES trainers performing a MOBI or TIES presentation. Describe how a summary from these observations will be reported to ODH in aggregate format.

D3 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by a GV-funded local health department. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$400 per completed MOBI or TIES event.	Each month or quarter as completed.

Deliverable Objective 4: MOBI and TIES Presentations in Non-GV-Funded Counties

The GP subrecipient will provide MOBI and TIES training to providers in non-GV-funded counties in Ohio from 7/1/23 – 6/30/24.

- D4a Describe the plan to facilitate and perform 50 or more MOBIs and TIES in non-GV-funded counties.
- D4b Indicate how the latest edition of the CDC Pink Book will be provided to each office trained.
- D4c Indicate how a MOBI and TIES centralized resource pack will be produced and provided to each MOBI and TIES attendee.
- D4d Describe the process to provide CNE and CME credit to participants for completed MOBI and TIES courses.

D4 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by the GP-funded agency in a non-GV-funded county. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per completed MOBI or TIES event.	Each month or quarter as completed.

Deliverable Objective 5: IQIP in Non-GV-Funded Counties

The GP subrecipient will successfully use the new CDC-designed Immunization Quality Improvement for Providers (IQIP) process to assess immunization rates, 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 during COVID-19 response activities.

Note: Staff who will conduct IQIP technical assistance must complete required ODH IQIP trainings and must sign and return the 2023 Data Collection Confidentiality Agreement issued by ODH by September 30, 2023.

- D5a List the names of staff who will attend the required IQIP trainings provided by ODH. ODH expects this training to be available prior to July 31, 2023. 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.
- D5b Indicate that your agency will assure that the IQIP process is initiated for immunization providers in non-GV-funded counties 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 each immunization provider's 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.
 - 2) Conduct a two-month check-in (face-to-face, virtual or by phone) with the immunization provider's 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 the immunization provider's 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 a coverage assessment of each immunization provider's data extracted from ImpactSIIS using the CoCASA software. Submit a report to ODH.
- D5c Describe your plan to promote the importance of and the need for the IQIP process among the pediatric and family practices in non-GV-funded counties. Identify who will perform this work and key process start and completion dates for each measurable planned activity.

D5 Deliverable Outcomes	Reimbursement	When to Submit
D5a Appropriate GP-funded staff attend the IQIP training prior to September 31, 2023. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per eligible employee who attends the IQIP training.	First quarter of funding cycle.
D5b 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 D5 tab of the GP 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: Initial IQIP 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: Multiple initial IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is</p>	After completion of initial IQIP visit (each month or quarter as completed).

	followed.	
<p>D5b</p> <p>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 D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 2-month report is submitted to ODH.</p>	<p>2 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>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 D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 6-month report is submitted to ODH.</p>	<p>6 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>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 D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$1,000 after the completed 12-month report is submitted to ODH.</p> <p>Note 1: Initial IQIP 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: Multiple follow-up IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure</p>	<p>12 months after the initial IQIP visit (each month or quarter as completed). (This may occur next subgrant period).</p>
<p>Notes for D5b:</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</p>	<p>Initial IQIP 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>Initial IQIP visits performed that are separated by at least one</p>	

<p>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>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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- 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 grantfunds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4 p.m. on or before March 27, 2023.**

[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 - GP Objective Descriptions
C2 Deliverable - GP Objective Allocations
- D. 2023 - 2024 GP Application Review Form
- E. 2023 - 2024 GP Program Report Instructions
- F. Immunization-Related Health Equity Resources

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 – Provider Initiative (GP)

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 Erika.Baker@odh.ohio.gov and Dave.Feltz@odh.ohio.gov by **February 22, 2023**.

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: _____

Email Requests to: Kathryn Berkemeyer, Administrative Professional 4, (614) 981-4735

Scan & Email: kathryn.berkemeyer@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Get Vaccinated Ohio – Provider Initiative (GP)

Budget Period: 7/1/23 – 6/30/24

Number of Deliverables: Five (5)

Use Budget Justification: Scenario # 2

✓ Deliverables Only

D1 Deliverable Outcomes	Reimbursement	When to Submit
Submit the MOBI and TIES presentation plan in GMIS. This must be documented on the D1 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$5,000	First quarter No later than August 31, 2023.

D2 Deliverable Outcomes	Reimbursement	When to Submit
Complete the primary MOBI and TIES train-the-trainer workshop no later than July 31, 2023. The number and names of attendees must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$15,000	First quarter No later than July 31, 2023.
Complete any additional make-up train-the-trainer workshops during the remainder of the GP subgrant period. The number and names of attendees must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$2,500 per make-up training session.	Each month or quarter as completed.

D3 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by a GV-funded local health department. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$400 per completed MOBI or TIES event.	Each month or quarter as completed.

D4 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by the GP-funded agency in a non-GV-funded county. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per completed MOBI or TIES event.	Each month or quarter as completed.

D5 Deliverable Outcomes	Reimbursement	When to Submit
D5a Appropriate GP-funded staff attend the IQIP training prior to September 31, 2023. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per eligible employee who attends the IQIP training.	First quarter of funding cycle.
D5b 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 D5 tab of the GP 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: Initial IQIP 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: Multiple initial IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	After completion of initial IQIP visit (each month or quarter as completed).
D5b 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 D5 tab of the GP 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).
D5b 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 D5 tab of the GP 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).
D5b 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	\$1,000 after the completed 12-month report is submitted to ODH.	12 months after the initial IQIP visit (each month or quarter as completed).

<p>must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>Note 1: Initial IQIP 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: Multiple follow-up IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	
<p>Notes for D5b:</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>Initial IQIP 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>Initial IQIP 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>	

Appendix C2

2023-2024 Get Vaccinated Ohio – Provider Initiative (GP) Subgrant Objective Funding Allocations (Maximum Funds Available)

	MOBI and TIES Presentation Development	Training MOBI and TIES Trainers	Program Administration and Presentation Support	MOBI and TIES Presentations in Non GV- Funded Counties	IQIP in Non GV-Funded Counties	Total
Objective	D1	D2	D3	D4	D5	
Budget Allocation	\$5,000	\$20,000	\$200,000	\$25,000	\$50,000	\$300,000

Appendix D

2023-2024 Get Vaccinated Ohio – Provider Initiative (GP) Application Review Form

Category	Score
GMIS 2.0 Budget Issues	
Q: Do budget items in GMIS 2.0 relate to required subgrant objectives?	0 1
Q: Is the GMIS 2.0 budget justification section complete? (Applicant provided information on personnel, other costs, equipment and contracts?)	0 1
Q: Does the total budget equal to or below the maximum available funds?	0 1
Notes:	Subtotal _____ / 3
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 GP subgrant?	0 1
Q: Described capacity to communicate to diverse audiences?	0 1
Q: Described plans for quality assurance methods?	0 1
Q: Noted any personnel or equipment deficiencies?	0 1
Q: Described plans for hiring & training / partners?	0 1
Notes:	Subtotal _____ / 5
Deliverable Objective 1 MOBI and TIES Presentation Development	
D1a – Did the applicant commit to create and submit a plan to cover all 8 items listed in this objective by August 31, 2023?	0 1 2 3
Notes:	Subtotal _____ / 3
Deliverable Objective 2 Training MOBI and TIES Trainers	
D2a – Described plans to provide one train-the-trainer workshop for all MOBI and TIES trainers before July 31, 2023 and supply ongoing updates as needed?	0 1 2 3
D2b – Described plans to plan, update, produce and distribute an electronic presentation file?	0 1 2

Notes:	Subtotal ____/ 5
Deliverable Objective 3 Program Administration and Presentation Support	
D3a – Described the plan to facilitate 250 MOBI and 250 TIES presentations in Ohio?	0 1 2
D3b – Described the plan to provide one CDC Pink Book per office trained?	0 1
D3c – Described the plan to provide one office resource pack per office trained?	0 1
D3d – Described how trainers will request planned MOBI and TIES presentations?	0 1
D3e – Described the process to assure program completion and provide CEU to attendees?	0 1 2
D3f – Described the plan to produce and distribute a quarterly newsletter?	0 1
D3g – Described the plan to compile and evaluate MOBI and TIES data?	0 1
D3h – Described the plan to provide monthly updates to ODH using a spreadsheet of completed MOBI and TIES?	0 1
D3i – Described the plan to market and promote MOBI and TIES programs?	0 1
D3j – Described the plan to collaborate with community immunization initiatives?	0 1
D3k - Described the plan to observe and evaluate at least twenty percent of MOBI and TIES trainers?	0 1
Notes:	Subtotal ____/ 13
Deliverable Objective 4 MOBI and TIES Presentations in Non-GV-Funded Counties	
D4a – Described a plan to facilitate and perform 50 or more MOBIs and TIES in non GV-funded counties in Ohio?	0 1 2
D4b – Described a plan to provide a Pink Book to each office trained?	0 1
D4c – Described a plan to produce and provide a resource pack to each MOBI and TIES attendee?	0 1 2
D4d – Described the process to provide continuing education to participants?	0 1
Notes:	Subtotal ____/ 6

Deliverable Objective 5 IQIP in Non-GV-Funded Counties		
D5a – Listed staff who will conduct IQIP and who will sign a confidentiality agreement?	0	1 2
D5b – Indicated a plan to assure that the IQIP process will be initiated for immunization providers in non-GV-funded counties according to the required activities?	0	1 2
D5c – Described plans to promote the importance of IQIP in non-GV-funded counties and who will be promote IQIP procedures?	0	1 2
Notes:	Subtotal_____ / 6	

2023-2024 Get Vaccinated Ohio – Provider Initiative (GP) Application Review Form 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		5
Deliverable Objective 1 MOBI and TIES Presentation Development		3
Deliverable Objective 2 Training MOBI and TIES Trainers		5
Deliverable Objective 3 Program Administration and Presentation Support		13
Deliverable Objective 4 MOBI and TIES Presentations in Non-GV-Funded Counties		6
Deliverable Objective 5 IQIP in Non-GV-Funded Counties		6
Total Application Point Score		43
Total Application % Score		NA
Special Conditions:		
Comments to Sub-grantee:		
Reviewer Signature:		

Appendix E

2023-2024 Get Vaccinated Ohio – Provider Initiative (GP)

Program Report Instructions (MOBI+TIES+IQIP)

Use the following instructions to prepare the program report describing progress for your GP subgrant. Please follow instructions carefully, as progress reports are scored. The 2023-2024 GP program reports are due to ODH on the following dates: January 15, 2024 and July 15, 2024.

1. Re-state each GP deliverable objective in the 2023-2024 GP Solicitation.
 - Provide a brief narrative of the progress made towards each deliverable objective according to the following report periods: July 1, 2023 – December 31, 2023 and for the entire subgrant period July 1, 2023 – June 30, 2024.
 - Identify the specific successes and challenges encountered and the solutions instituted for each deliverable objective.
 - Significant achievements should be described, as well as instances when objectives were not met. Be specific in your description of accomplishments.
 - The file format may be either MS Word or .pdf. All narrative files must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section.
2. Provide electronic samples of produced promotional materials, pamphlets, articles, letters, or reports created during the report period that directly relate to subgrant objectives (e.g., newsletters).
 - Attachments are to be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section.

Notes regarding expenditure report differences:

- Do not submit the GP deliverable objectives tracking spreadsheet for the GP program/progress report. The GP deliverable objectives tracking spreadsheet is to be used only for your expenditure report.
- The GP expenditure report will show all required outcome measures using the 2023-2024 GP Deliverable Objectives Tracking Spreadsheet. This spreadsheet will be similar the 2022-2023 GP Deliverable Objectives Tracking Spreadsheet used when submitting monthly or quarterly expenditure reports. The final version of this spreadsheet will be provided after the GP notice of award is issued.
- The file format for each expenditure report submitted in GMIS must be MS Excel. During the 2023-2024 subgrant cycle, the GP 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 Erika Baker 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/vaccination-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), 13th 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>.