



## MEMORANDUM

Date: April 20, 2022

To: IO21 Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC, Chief  
Bureau of Maternal, Child and Family Health  
Ohio Department of Health *DGT*

Subject: Subrecipient Continuation Grant Applications for Fiscal Year 2023, Integration of Oral Health into Prenatal Care Program (IO23, 10/1/2022 through 9/30/2023)

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., Tuesday, May 31, 2022**. 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. The competitive Solicitation for this grant program can be found on the ODH website ([IO21, Integration of Oral Health into Prenatal Care Program Competitive Solicitation](#)). 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 Mona Taylor, Oral Health Access Program Coordinator at (614) 728-9236 or via e-mail at [Mona.Taylor@odh.ohio.gov](mailto:Mona.Taylor@odh.ohio.gov).

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## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

- A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates, 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: October 1, 2022 through September 30, 2023 of the total project period, October 1, 2022 through September 30, 2024. Reference the competitive Solicitation, [IO21 Integration of Oral Health into Prenatal Care](#) 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 and in Appendix D.

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

- B. Number of Grants and Funds Available:** Funding to support the Integration of Oral Health into Prenatal Care subgrant program is derived from federal sources. Up to \$100,000 from HRSA's Maternal and Child Health Block Grant is available to be awarded to two agencies. Eligible agencies may apply for funding in the continuation grant budget period for a maximum award of \$50,000. Only those agencies currently funded are eligible to apply. Eligible applicants are Columbus Neighborhood Health Centers and Nationwide Children's Hospital.

*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 has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, May 31, 2022.**

## **II. PROGRAM UPDATES:**

- A. Program Progress Report:** Complete and submit Appendix E, 2021 Program Progress Report. The progress report should describe any accomplishments for the program to date that are not reflected in the quarterly program reports. Clearly include reasons for less-than-expected progress toward accomplishing planned activities or achieved milestones or outcome objectives. Describe problems encountered and planned approaches to overcome them.
- B. Program Narrative:** Complete and submit a narrative statement [do not exceed four (4) 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. Delineate all personnel who will be directly involved in program activities; describe roles and hours per week each staff person will be involved in the project. Designate the agency's primary contact person for the project. Define the number and type of health care professionals (e.g., physicians, nurse practitioners, etc.) currently providing prenatal services in Appendix F.
- 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; barriers and how barriers were addressed. An optional objective has been added for the continuation budget period. See description in Appendix B1, Deliverable – Objective Descriptions.
- D. Documentation and Progress on Health Equity and Disparity Reduction 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 should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria ([IO21, Integration of Oral Health into Prenatal Care](#)).

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. A budget justification example can be found on the GMIS Bulletin Board. For your convenience, a budget justification narrative example is available in Appendix D.

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.

- 2. 2023 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 October 1, 2022 through September 30, 2023. Funded agencies are required to employ or contract for one or more persons to oversee grant activities including planning, program development and evaluation, case management and reporting. These staff must work a sufficient number of hours to accomplish the grant activities.
- **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.

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

- a. To advance political or religious points of view or for fund raising or lobbying;
- b. To disseminate factually incorrect or deceitful information;
- c. Consulting fees for salaried program personnel to perform activities related to grant objectives;
- d. Bad debts of any kind;
- e. Contributions to a contingency fund;
- f. Entertainment;
- g. Fines and penalties;
- h. Membership fees — unless related to the program and approved by ODH;
- i. Interest or other financial payments (including but not limited to bank fees);
- j. Contributions made by program personnel;
- k. Costs to rent equipment or space owned by the funded agency;
- l. Inpatient services;
- m. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
- n. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
- o. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
- p. Providing clinical prenatal care services; and,
- q. Providing clinical dental services.

*Applicants may not use Integration of Oral Health into Prenatal Care Program funds to supplant existing funds.*

**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.**

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

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

1. Appendix E, 2021 Program Progress Report
2. Appendix F, Practice Site Locations and Prenatal Care Provider Information

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

#### **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:** Subrecipient's 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.

- **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.
- **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.
- **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.
- **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.)**

- **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:**

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include, but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers and low-income individuals.

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 that may include, but are not limited to the following:
  - a. Populations at increased risk
  - b. Mental health population
  - c. Homeless population
2. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

**X Applicable to Integration of Oral Health into Prenatal Care Program**

**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:

1. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **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

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

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

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

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

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



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

- 3. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before November 5, 2023. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of 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. B1 Deliverable — Objective Descriptions  
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Budget Justification Example
- E. 2021 Program Progress Report
- F. Practice Location Sites and Prenatal Care Provider Information

## Appendix A

Submission  
Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below

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

IO23 Integration of Oral Health into Prenatal Care Program

**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, NOIAP's will not be accepted if name doesn't match what is listed in GMIS.*

**Due to ODH by April 27, 2022**

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

## Appendix B1

**Name of Subgrant Program:**

**Budget Period:** October 1, 2022 – September 30, 2023

**# of Deliverables:** 2

**Use Budget Justification Scenario #:** 3

### 100% Deliverables

**Deliverable — Objective 1:** Oral Health Integration Implementation and Reporting

**Maximum Funding for Deliverable 1 is \$45,000**

There are three sub-deliverable objectives related to implementation and reporting for the continuation grant program for which the subrecipient will determine funding. Subrecipients will continue the program implementation during the continuation grant year. Monthly reports (Objective 1A) will focus on oral health integration activities provided during patient visits at selected practice sites. Quarterly reports (Objective 1B) will focus on client demographics and the final report (Objective 1C) is a summary of the 12-month project.

#### *Deliverable – Objective 1A: Monthly Program Progress and Data Reporting on Oral Health Integration Activities*

Subrecipient will submit complete and accurate reports by the 10<sup>th</sup> of each month. Required reports are project progress and challenges (narrative) and monthly program activity data. At a minimum, the program activity data must include:

- Number of prenatal patient visits
- Number of oral health assessments provided during prenatal visits
- Number of prenatal visits in which oral health education was provided
- Number of dental referrals made based on treatment urgency
  - Routine (e.g., exam, cleaning, x-rays)
  - Early (needs to be seen within 2-4 weeks for suspected dental problems)
  - Urgent (needs to be seen immediately for pain and/or infection)

Monthly program data reports should reflect monthly, as well as cumulative data for each variable. Program narrative and data reports must be submitted for ODH approval via attachment in the Program Report section of GMIS.

#### *Deliverable – Objective 1B: Quarterly Program Reporting*

Subrecipient will submit patient-level data on a quarterly basis. Data includes demographic information, as well as process and outcome measures. The ODH will work with the subrecipient to develop reports, as needed. Data variables to be reported will be for unduplicated prenatal patients. Unduplicated prenatal patients should be counted once during the 12-month grant period regardless of the number of visits during the same period. Quarterly data must include:

- Total number of unduplicated prenatal patients
- Number of prenatal patients by age
- Number of prenatal patients by race
- Number of prenatal patients by ethnicity
- Number of prenatal patients by educational level
- Number of prenatal patients by insurance type (e.g., private, Medicaid, uninsured, etc.)
- Number of prenatal patients by primary language (language spoken at home)
- Number of prenatal patients receiving dental care in response to a referral
- Number of prenatal patients who have completed dental care in response to a referral
- Number of prenatal patients who received oral assessment by month of pregnancy

- Number of prenatal patients who received oral health education by month of pregnancy

Demographic data reports must be submitted on a quarterly basis and are due by the 10<sup>th</sup> day of the month following each program quarter. Reports will be due January 10, 2023; April 10, 2023; July 10, 2023; and October 10, 2023.

Quarterly demographic data reports must reflect both quarterly and cumulative data and must be submitted for ODH approval via attachment in the Program Report section of GMIS.

**Deliverable – Objective 1C: Final Program Report**

By October 10, 2023, subrecipient will submit a final workplan progress update and narrative summarizing program outcomes, as well as successes, challenges, lessons learned, next steps and plan for sustainability. Final program report must be submitted for ODH approval via attachment in the Program Report section of GMIS.

**Deliverable — Objective 2: Oral Health Integration Program Evaluation**

**Maximum Funding for Deliverable 2 is \$5,000**

To eliminate health disparities and health inequities, subrecipient will conduct an evaluation of prenatal population and assess barriers to completing dental care for patients who are referred for care as part of the oral health assessment. Based on the findings of the assessment, subrecipient will design outreach strategies to improve the completion of dental referrals. The strategies should include quarterly benchmarks. A report of the findings and strategies to improve completion of dental care must be submitted for approval by ODH via GMIS; subrecipient should email the ODH program manager once the report is submitted.

## Appendix B2

**Name of Subgrant Program:** Integration of Oral Health into Prenatal Care Program

**Budget Period:** October 1, 2022 to September 30, 2023

**# of Deliverables:** 1

**Use Budget Justification Scenario:** #3

### X Deliverable Allocations

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 1 IS \$45,000			
<b>Deliverable 1A Monthly Progress Reporting</b>	<b>Deliverable 1B Quarterly Program Reporting</b>	<b>Deliverable 1C Final Program Report</b>	<b>Maximum Deliverable 1 Funding</b>
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
<b>\$ TBD</b>	<b>\$ TBD</b>	<b>\$ TBD</b>	<b>\$45,000</b>

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 2 IS \$5,000			
<b>Program Evaluation</b>	<b>Quarterly Benchmarks</b>	<b>Program Evaluation Report</b>	<b>Maximum Deliverable 2 Funding</b>
Date due and amount to be determined by applicant and approved by ODH	Date due and amount to be determined by applicant and approved by ODH	Date due and amount to be determined by applicant and approved by ODH	
<b>\$ TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$5,000</b>

## Appendix C

### ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

#### Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

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.

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

- 1) 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>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) 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.
- 4) 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](#).

- 5) 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.

- 1) 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>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) 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.
- 4) 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.

## APPENDIX D

### BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

#### NOTES:

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

#### OTHER DIRECT COSTS

##### Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

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

- Deliverable – Objective 1 \$10,000

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

- Deliverable – Objective 2 \$45,000

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

- Deliverable – Objective 3 \$75,000

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

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

- Deliverable – Objective 1
  - Franklin County \$40,000
  - Union County \$11,000
  - Madison County \$20,000
  - Licking County \$15,000

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

- Deliverable – Objective 2
  - Franklin County \$52,500
  - Union County \$9,500
  - Madison County \$12,500



Licking County

\$16,500

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

- Deliverable – Objective 3

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

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

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

- Deliverable – Objective 1

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

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

- Deliverable – Objective 2

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

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

- Deliverable – Objective 3

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

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

**Total Other Direct Costs**

**\$Total**

**Budget Grand Total**

**\$**

**Notes:**

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

Subrecipient's authorized representative certifies the foregoing:

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

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

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

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

## APPENDIX E

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*Agency Name*

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*Grant Number*

### **2021 INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM Progress Report**

- A. Describe any accomplishments for the Integration of Oral Health into Prenatal Program to date (2021 budget year) that are not reflected in the quarterly program reports.**

Click or tap here to enter text.

- B. Describe your agency's SMART objectives for the 2021 Integration of Oral Health into Prenatal Care Program and the progress made toward meeting objectives/targets.**

Click or tap here to enter text.

- C. Describe any barriers to achieving the program's objectives in 2021 and activities taken to resolve the barriers.**

Click or tap here to enter text.

## APPENDIX F

## INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM

## Practice Site Locations and Prenatal Care Provider Information

**Applicant Agency Name:** \_\_\_\_\_

**GMIS Project #:** \_\_\_\_\_

Please complete the table below for each practice site location your agency operates that provides prenatal services.

[illegible]

Please complete the table below for all health care practitioners who provide prenatal services at practice locations selected for this project.

[illegible]