

Date: December 11, 2023

To: Group Prenatal Care Initiatives: Competitive Applicants

From: Alicia Leatherman, Chief *AL*  
Bureau of Maternal and Infant Vitality  
Ohio Department of Health

Subject: Notice of Availability of Funds- State Fiscal Year 2025  
July 1, 2024 – June 30, 2025

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of funds to support the Group Prenatal Care Initiatives grant.

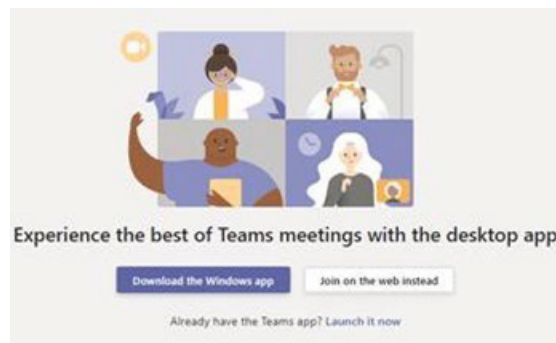
**All applications and attachments are due by 4:00 p.m. on Monday, January 29, 2024.** Electronic applications received after Monday, January 29, 2024, will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, December 18, 2023, 1:00-2:00pm**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting link: [https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_OGFkOWMxY2QtYTfmZi00YTdhLTgiOGUtMmFINjMzODdhOTVI%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%227f65104d-66b3-46ec-b371-b866d59a42b5%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_OGFkOWMxY2QtYTfmZi00YTdhLTgiOGUtMmFINjMzODdhOTVI%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%227f65104d-66b3-46ec-b371-b866d59a42b5%22%7d)

Call-in information: +1 614-721-2972,,997836114# Phone Conference ID: 997 836 114#

*ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" below. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead" (screenshot below). There is also a call-in number below if you do not plan to use your device's audio. Please note, this program works best in Google Chrome.*



Bidders' Conference presentation slides from the meeting held on Monday, December 18, 2023, will be sent to all entities who submit a Notice of Intent to Apply for Funds.

This is a competitive solicitation; **all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Wednesday, December 20, 2023, to be eligible for these funds.**

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 User training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 User Form (Appendix B) no later than 4:00 p.m. on Wednesday, December 20, 2023, to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding.

Important Date Reminders

- Notice of Intent to Apply for Funding (NOIAF—Appendix A)—by **4:00pm on Wednesday, December 20, 2023.**
- ODH GMIS 2.0 User Form (Appendix B)—by **4:00 p.m. on Wednesday, December 20, 2023** (if applicable).
- Bidders Conference—**1:00-2:00pm on Monday, December 18, 2023.**
- Applications Due—by **4:00pm on Monday, January 29, 2024.**

If you have questions regarding this application, please contact Ayan Dahir, by e-mail at [Ayan.Dahir@childrenandyouth.ohio.gov](mailto:Ayan.Dahir@childrenandyouth.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

BUREAU OF MATERNAL AND INFANT VITALITY

## Group Prenatal Care Initiatives SOLICITATION FOR FISCAL YEAR 2025(7/1/24 – 6/30/25)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/29/2023  
For grant starts 4/1/2024 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online 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, December 20<sup>th</sup>, 2023,** so access to the online application 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 in the following website: <http://supplier.ohio.gov/>

**Note:** Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated 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 any 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 the 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: *Group Prenatal Care Initiatives: Competitive***

**C. Purpose:**

Prematurity (born before 37 weeks of gestation) continues to be the leading cause of infant death in Ohio, consistently accounting for approximately 30% of infant deaths. In 2020, Black infants died more than 2.7 times more often due to prematurity-related conditions than White infants (4.1 and 1.2, respectively). Thus, prevention of prematurity, particularly among Ohio's Black mothers, continues to be a state health priority.

Part of the challenge in prematurity prevention is correctly identifying at-risk mothers. Prior preterm birth is a strong and easily identified risk factor for future preterm births. Thus, screening for prior preterm birth is currently the primary way to identify a pregnant woman in need of medical intervention to prevent premature birth. However, in 2020, 83% of preterm births in Ohio were to women who had not had a previous preterm birth. As a result, only screening for prior preterm birth would exclude most women who may benefit from intervention.

To reduce prematurity on a population-level, intervention efforts must extend beyond women with a prior preterm birth and focus on women who are most vulnerable to experience a preterm birth. The state has identified group prenatal care as a promising intervention with the potential to reduce prematurity, and more importantly, racial disparities in prematurity, at the population-level.

Stark disparities in prematurity are the primary contributor to widening disparities in Ohio's infant mortality rate. By addressing both health and social factors that contribute to adverse birth outcomes, group prenatal care has the opportunity to reduce disparities in prematurity.

Group Prenatal Care Initiatives funding supports two scopes of work related to evidence-based group prenatal care: 1) establishment (i.e., start-up or expansion) and 2) enhancements (i.e., intensification, enrichment, or improvement).

**D. Qualified Applicants**

Entities eligible to apply for these funds must meet the following criteria:

- Medical practices, including those operated by or employing one or more physicians, physician assistants, certified nurse-midwives, certified nurse practitioners or clinical nurse specialists; or healthcare facilities.
- Applicant requesting funding must be requesting funds for sites that are not currently operating CenteringPregnancy programs; however, the applicant itself can be a currently operating CenteringPregnancy provider (i.e. these funds may not support existing CenteringPregnancy activities.)
- Previous Group Prenatal Care Initiatives subrecipients are only eligible to apply for funding if their PC25 proposal is for the establishment of CenteringPregnancy programs at a new site.
- Applicants shall also:
  - Be able to provide prenatal care in a group setting;
  - Have the space to host groups of at least 12 pregnant women;
    - Meeting spaces should meet the accessibility standards of the ADA for [Assembly Areas](#) and/or [Medical Care Facilities](#) to ensure access to pregnant women with disabilities.
  - Provide prenatal services to at least 150 clients per year. (This is the minimum number of clients the Centering Healthcare Institute recommends for establishing a CenteringPregnancy site.)

- Have adequate in-kind resources, including existing medical staff, to provide necessary prenatal healthcare services on both an individual and group basis;
- Provide prenatal care currently, or within 6 months of the grant award; integrate health assessments, education, and support into a unified program in which pregnantwomen at similar stages of pregnancy meet, learn care skills, and participate in group discussion; and complete the Centering Healthcare Institute’s Readiness Assessment: <https://centeringhealthcare.org/start-centering>

*Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

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

1. Applicant does not owe funds toODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 29, 2024.**

- E. Service Area:** Service areas will be determined by subrecipients use of data to describe and justify the geographic area to be served. During the grant year ODH will provide preterm birth data and technical assistance to strengthen providers’ awareness and efforts to identify and serve women from neighborhoods most vulnerable to experience preterm births.

Consider using the Ohio Health Improvement Zones Dashboard to determine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriersto health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a challenge like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio HealthImprovement Zones Dashboard: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones> .

- F. Number of Grants and FundsAvailable:** The source of the funds supporting the subgrant program is state general revenue funds. The total amount available is \$300,000. Each entity is eligible to apply for up to \$50,000. Up to six projects will be awarded.

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

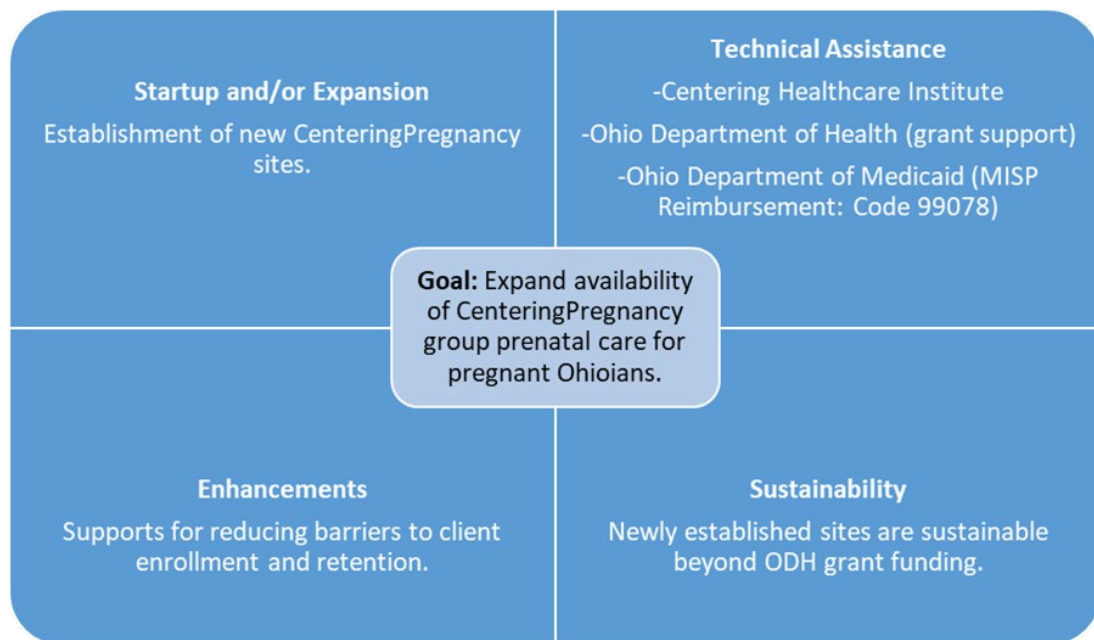


**G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, January 29<sup>th</sup>, 2024**. Applications and required attachments received after this deadline will not be considered for review.

Contact Ayan Dahir at [Ayan.Dahir@childrenandyouth.ohio.gov](mailto:Ayan.Dahir@childrenandyouth.ohio.gov) with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 33.

**I. Goals:** The goal of this funding opportunity is to expand availability of CenteringPregnancy group prenatal care for pregnant women. Funding will support the establishment of new CenteringPregnancy sites and reducing barriers to client enrollment and retention. Establishment is defined as the implementation of CenteringPregnancy at a site that is not currently providing the service.



**Objectives:**

- Establish six new CenteringPregnancy sites annually.
- Majority of new CenteringPregnancy sites located in zip codes with preterm birth rates higher than the state average.
- All ODH-funded sites successfully bill for Medicaid code 99078 by close of grant year 1.

**Racial Equity Assumptions:** investing in this model will contribute to a reduction in racial disparities in birth outcomes.

- The CenteringPregnancy model has a base of evidence for reducing racial disparities in birth outcomes among participants.
- Investing in expansion in ZIP Codes with disparately high preterm birth rates will contribute to an improvement in Black birth outcomes.

**J. Program Period and Budget Period:** The program period will begin July 1, 2024 and end on June 30, 2025. The budget period for this application is July 1, 2024, through June 30, 2025.

**K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness. The PHAB standards are available at the following website:

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

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

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

- **standard 1.3:** Analyze Public Health Data to identify trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

3. *Evidence of Health Equity Strategies*

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

- 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 for Ohio's health data) at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/>.
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.
- 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](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>
- 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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 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, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities 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 diseases, death, or disability is 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 is 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:** 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.

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

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

[ ☒ Applicable    ☐ Not Applicable to Group Prenatal Care Initiatives (PC24)]

**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:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Ayan Dahir at [ayan.dahir@childrenandyouth.ohio.gov](mailto:ayan.dahir@childrenandyouth.ohio.gov) 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 must be uploaded into GMIS by **Monday, January 29, 2024, at 4:00 p.m.**

**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, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.

**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 can attain program objectives.
4. Describe Specific, Measurable, Attainable, Realistic, Time-Phased, Inclusive and Equitable (S.M.A.R.T.I.E) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
5. Estimate reasonable cost to the ODH, considering the anticipated results.
6. Show 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 to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify 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 Program.

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 Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

**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 either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal and Infant Vitality, Group Prenatal Care Initiatives and as a sub-award of a grant issued by the Ohio Department of Health under the Group Prenatal Care Initiatives grant."

**W. Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases 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:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **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 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 29, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025

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

Reporting requirements are outlined in Appendix C1. Additional reporting details will be provided throughout the grant year.

Technical assistance will be provided in the form of written and verbal communication, including e-mails, calls, webinars, learning collaboratives, etc. ODH will also collaborate with the Centering Health Institute to provide technical assistance, which includes ODH sharing program reports with CHI. ODH will conduct mid-year monitoring of performance, compliance, and spending. Subrecipients will be provided results via e-mail.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient monthly reimbursement expenditure reports must be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025



January 1 – 31, 2025	February 10, 2025
February 1 – 29, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
July 1 – September 30, 2024	October 10, 2024
October 1 – December 31, 2024	January 10, 2025
January 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025

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

- c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before August 5, 2025**. 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 constitutes an authorization of the submission the agency official and serves as an 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 to 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; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
16. Providing clinical prenatal care services.

**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 spend \$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 material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.



## AB. Application Submission:

### 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 15 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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov).
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
  - Workplan
  - If requesting enhancements, a detailed breakdown of requests. Breakdown should include each requested enhancement, specific enhancement items, total amount, unit number, and unit cost.

## II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding 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 serves as an 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 13 of the Solicitation for unallowable costs. Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a signed budget justification narrative utilizing the provided template outlining how the deliverables will be met. (The budget justification template can be found on the GMIS Bulletin Board posted March 13, 2020. Use the budget justification document/template labeled "Budget Justification Deliverable Example Effective March 13, 2020").

Bulletin Message									
Posted	3/13/2020								
Subject	Updated Budget Justification Templates								
Message	Attached are 3 budget justification template examples. One is for base funding only, one is for base and deliverable funding and the other is for signed by the agency head listed in GMIS for that subgrant program. Thanks								
Attachments	<table><tr><th>Description</th><th>File Name</th></tr><tr><td>Uploaded File</td><td><a href="#">Budget Justification Base Example Effective March 13 2020.doc</a></td></tr><tr><td>Uploaded File</td><td><a href="#">Budget Justification Base and Deliverable Example Effective March 13 2020.doc</a></td></tr><tr><td>Uploaded File</td><td><a href="#">Budget Justification Deliverable Example Effective March 13 2020.doc</a></td></tr></table>	Description	File Name	Uploaded File	<a href="#">Budget Justification Base Example Effective March 13 2020.doc</a>	Uploaded File	<a href="#">Budget Justification Base and Deliverable Example Effective March 13 2020.doc</a>	Uploaded File	<a href="#">Budget Justification Deliverable Example Effective March 13 2020.doc</a>
	Description	File Name							
	Uploaded File	<a href="#">Budget Justification Base Example Effective March 13 2020.doc</a>							
	Uploaded File	<a href="#">Budget Justification Base and Deliverable Example Effective March 13 2020.doc</a>							
Uploaded File	<a href="#">Budget Justification Deliverable Example Effective March 13 2020.doc</a>								

- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2024, to June 30, 2025.

Funds may be used to support personnel, their training, travel (see OBM website)

<https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

**All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.**

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

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

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:

Describe the following:

- Agency or agencies who will provide proposed services.
- Proposed scope of work - start-up or expansion and enhancements.
- Identify priority population.
- Key activities for the grant year for each scope of work.
- Anticipated numbers of pregnant people to be served, sessions to be conducted, and cohorts to be initiated and completed.
- Burden of health disparities and health inequities related to this grant funding.
- Public health problem(s) that the program will address.

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

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

Describe the following:

- Organization's capacity to meet qualified applicant criteria outlined in Section D.
- Previous or current experience in providing CenteringPregnancy services.
- Location of site to be supported by this funding.
  - Indicate if the proposed site has previously provided CenteringPregnancy. If so, indicate what reason(s) the site is not currently providing services.
  - Outline how the proposed site meets or will meet the accessibility standards of the ADA for [Assembly Areas](#) and/or [Medical Care Facilities](#) to ensure access to pregnant women with disabilities.
- Average annual number of pregnant people currently served by the applicant and by the proposed site.
- Current and anticipated capacity to bill the Ohio Department of Medicaid.

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. (see standards below)

- National CLAS Standards  
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services>.
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

### 3. Problem/Need: Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability,

appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

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

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

**Methodology:** In narrative form, identify the program goals; **SMART-IE** process, impact, or outcome objectives and activities. Indicate how the goals and objectives will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.

Applicants must submit a workplan with their application utilizing the template provided in Appendix D.

- 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 online automatically with each application online.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. 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).

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed 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 must be uploaded in GMIS by **4:00 p.m. on or before Monday, January 29, 2024.**

### III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable – Objective Descriptions  
C2 Deliverable – Objective Allocations
- D. Application Review Form
- E. Other Program Documents
  - Appendix E1 – Workplan Template Sample
  - Appendix E2 – Monthly Progress Report
  - Appendix E3 – Cohort Tracker
  - Appendix E4 – Aggregate Incentive Tracking
  - Appendix E5 – Incentive Distribution Log

## Appendix A

Reimbursement Type Select one of the options below: <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly
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### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Bureau  
of Maternal and Infant Vitality

ODH Program Title:  
Group Prenatal Care Initiatives (PC25)

### 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)	<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
	<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the 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 not,** 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 [Ayan.Dahir@ayan.dahir.ohio.gov](mailto:Ayan.Dahir@ayan.dahir.ohio.gov) BY **December 20, 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

**This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.**

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

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

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

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

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

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

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

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

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

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

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

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

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

Authorization Signature for User Access/Change/Deactivation:

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

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

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

Deliver Requests to Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: [Maria.Kapenda@odh.ohio.gov](mailto:Maria.Kapenda@odh.ohio.gov)



## Appendix C1

**Name of Subgrant Program: Group Prenatal Care Initiatives**

**Budget Period: July 1, 2024 – June 30, 2025**

**# of Deliverables: 1**

**Use Budget Justification Scenario #: 3**

### **100% Deliverables**

**When considering proposed costs of the work, applicants should take into consideration ODH’s guidance “Deliverable Subgrants” as posted on the GMIS Bulletin Board June 6, 2022.**

#### **Deliverable 1: Implementation/Expansion**

*Any qualifying clinical practice may apply for a single year of funding to establish a CenteringPregnancy site.*

##### **Objective 1A: Workplan**

Submit a comprehensive workplan for implementation of work. The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. Workplan should be reflective of funded deliverables and deliverable objectives.

Subrecipients are expected to bill Medicaid code 99078 evidence-based group pregnancy education (group prenatal care) by the end of the grant year. Therefore, the submitted workplan must include an objective and related activities related to Medicaid code 99078 billing. More information regarding Medicaid group prenatal care billing can be located on the Centering Healthcare Institute [website \(https://centeringhealthcare.org/ohiomedicaid\)](https://centeringhealthcare.org/ohiomedicaid). Workplan must include the proposed numbers of sessions, participants, initiated and completed cohorts, and proposed enhancements, if applicable. A sample workplan template can be found in Appendix D.

**Validation:** Workplan submitted.

**Due date:** 8/10/24

**Deliverable amount:** \$1,500.

##### **Objective 1B: Monthly Program Report**

Submit a monthly program report using the ODH-provided template. Report must identify the previous month’s progress and challenges, demonstrating activities completed that tie to workplan, deliverables and deliverable objectives, and spending. If your work is also approved for enhancements, monthly reporting must also include information regarding enhancements.

**Validation:** Monthly program report submitted.

**Due dates:** 10<sup>th</sup> of every month starting 8/10/24.

**Deliverable amount:** \$6,000 total.

- \$500/report.

##### **Objective 1C: Quarterly Workplan Update**

Submit a quarterly workplan update. Workplan update should include action steps for scope of work/deliverables including progress status and description, target date for completion, actual date of completion (if already complete), % achieved; successes, challenges, and how challenges will be addressed; and identify workplan changes, if applicable.

**Validation:** Quarterly workplan update submitted.

**Due dates:** 10/10/24, 1/10/25, 4/10/25, 7/10/25.

**Deliverable amount:** \$1,000 total.

- \$250/report.

#### **Objective 1D: Quarterly Cohort Tracker**

Submit a quarterly cohort tracker using the ODH-provided template. Tracker must include the number of participants enrolled by race for each cohort, as well as session dates for the funded site. Subrecipients are only eligible for payment for reporting periods in which group with participant(s) is conducted.

**Validation:** Cohort tracker submitted.

**Due dates:** 10/10/24, 1/10/25, 4/10/25, 7/10/25.

**Deliverable amount:** \$1,000 total.

- \$250/tracker (only for groups with participant(s)).

#### **Objective 1E: Final Report**

Submit a final report describing key achievements and progress towards deliverables and deliverable objectives, lessons learned, next steps, and proposed sustainability, at a minimum.

Sustainability plan section should include data where available, including both qualitative and quantitative sources. If your work is also approved for enhancements, final reporting must also include information regarding enhancements. At a minimum, describe enhancements purchased and how they impacted client enrollment and retention.

**Validation:** Final report submitted.

**Due date:** 7/10/25.

**Deliverable amount:** \$1,500.

#### **Objective 1F: Basic Facilitation Workshop Fee**

Completion of Basic Facilitation Workshop hosted by CHI. Trainings are only eligible for staff who will be providing CenteringPregnancy services at the funded site.

**Validation:** Submission of documentation of workshop completion (i.e., certificate.)

**Due date:** 10<sup>th</sup> of the month following completion.

**Deliverable amount:** Up to \$7,960.

- \$995/person.
- Max of 8 people trained.

#### **Objective 1G: Monthly Technical Assistance and Additional CHI trainings**

Participation in in-person and/or remote consultation and implementation support for steering committee, systems change, and quality assurance measurement provided by CHI. Technical assistance must be provided in response to the funded site. In other words, subrecipients cannot be paid for technical assistance received for an already established site. Funds can also be used to complete additional CHI provided trainings.

**Validation:** Submission of documentation of additional training completion (i.e., certificate). Submission of documentation including the date and time of the technical assistance and a narrative summary of the technical assistance provided including a reflection on the purpose of the TA, the problem(s)/challenge(s) discussed, and the identified solution and next steps provided by CHI (if applicable).

**Due date:** 10<sup>th</sup> of the month following TA or additional training completion.

**Deliverable amount:** Up to \$7,800

### **Objective 1H: Kickoff Day Site Visit by Centering Consultant**

Participation in full day event hosted by CHI. Includes staff presentation, facilities tour, and meeting with steering committee, site leadership, and clinical staff.

**Validation:** Date meeting held, staff members who attended, and associated meeting materials.

**Due date:** 10<sup>th</sup> of the month following completion of kickoff.

**Deliverable amount:** Up to \$6,500.

### **Objective 1I: Enhancements (optional; maximum \$10,000 for Objectives a-g and \$10,000 for Objective h)**

Subrecipients will be funded for up to \$10,000 total to support client enrollment and retention through one or more of the following: healthy snacks, patient notebooks, incentives, transportation, medical equipment and supplies, marketing/advertising, and interpreter/translation services. Subrecipients will be funded for up to \$10,000 total for coordination. Enhancement monies can only be used for those groups conducted at the site funded by this grant.

- **Objective a: Healthy snacks**

Provide healthy snacks at eligible group sessions (up to \$50/session). Eligible group sessions are those conducted at the funded site.

**Validation:** Subrecipient will be reimbursed \$50 for each session held at the funded site as validated by receipts for the snacks provided at the sessions listed on the cohort tracker.

**Due date:** 10th of every month starting 8/10/24.

**Deliverable amount:** Subrecipient defines total amount requested. Eligible for up to \$50/group session.

- **Objective b: Patient notebooks**

Provide patient CenteringPregnancy notebooks at eligible group sessions. Eligible group sessions are those conducted at the funded site.

**Validation:** Subrecipient will be reimbursed up to \$20 for each notebook provided validated by receipts and the number of participants enrolled into a cohort as listed on the cohort tracker.

**Due date:** 10th of every month starting 8/10/24.

**Deliverable amount:** Subrecipient defines total amount requested. Eligible for up to \$20/participant.

- **Objective c: Incentives**

Provide incentive(s) to eligible groups. Eligible groups are those conducted at the funded site. Allowable incentives include, and are limited to, diapers, baby wipes, gift cards, and gas cards. Gift cards may not be in the form of prepaid credit cards, cash, or checks.

In addition to the document required under the validation section, subrecipients must adhere to the procedures below. This documentation does not need to be submitted to ODH but should be kept on file and readily available if requested.

- Recipients must sign a statement acknowledging and agreeing to the restrictions on the incentive, such as unallowable uses, which include but are not limited to, purchases of alcohol, tobacco, illegal drugs or firearms and that gift cards may not be redeemed for cash.
- The form must have the client's name printed legibly for ODH to accept.
- A log of incentives purchased and distributed that includes the type of incentives, number purchased, number distributed, unit cost, and total cost.
- Receipts of incentives purchased.
- Minors should not sign for gift cards; only the parent or legal guardian may sign off for gift cards.

**Validation:** Total amount distributed will be validated by the ODH-provided incentive logs.

**Due date:** 10th of every month starting 8/10/24.

**Deliverable amount:** Subrecipient defines total amount requested per/participant. Subrecipients will be reimbursed based on the total amount of incentives distributed to program participants during the billing period.

- **Objective d: Transportation**

Provide participant attending eligible group sessions with transportation assistance when participant displays difficulties with attending sessions due to lack of transportation. This cost is separate from gas gift cards as specified in the former “incentives” objective.

**Validation:** Subrecipient will be reimbursed for payment of transportation services for participants attending group sessions as validated by invoices and/or receipts. Reimbursement request must match day of session in cohort tracker.

**Due date:** 10th of every month starting 8/10/24.

**Deliverable amount:** Subrecipient defines total amount requested.

- **Objective e: Medical equipment and supplies**

Purchase medical equipment and supplies for use at eligible group sessions at a maximum of \$1,000. Eligible group sessions are those conducted at the funded site. In application, applicant must define request for supplies and cost.

**Validation:** Subrecipient will be reimbursed for purchase of medical equipment and supplies as validated by submission of invoices and/or receipts. Reimbursement requests must match those items that have been pre-approved by ODH.

**Due date:** 10<sup>th</sup> of the month following purchase month.

**Deliverable amount:** Subrecipient defines total amount requested. Eligible for maximum of \$1,000.

- **Objective f: Marketing and Advertising**

Conduct CenteringPregnancy marketing and/or advertising for the funded site. In application, applicant must define request for supplies and cost.

**Validation:** Subrecipient will be reimbursed for purchase of marketing and advertising as validated by submission of invoices and/or receipts. Reimbursement requests must match those items that have been pre-approved by ODH.

**Due date:** 10<sup>th</sup> of the month following purchase month.

**Deliverable amount:** Subrecipient defines total amount requested.

- **Objective g: Interpretation, Translation, and Disability Accommodations**

Provide interpretation, translation, and/or disability accommodations to participants at the funded site. In application, applicant must define request for supplies and cost.

**Validation:** Subrecipient will be reimbursed for purchase of interpretation, translation, and/or disability accommodations as validated by submission of invoices and/or receipts. Reimbursement requests must match those items that have been pre-approved by ODH.

**Due date:** 10<sup>th</sup> of the month following purchase month.

**Deliverable amount:** Subrecipient defines total amount requested. Eligible for maximum of \$5,000.

- **Objective h: Coordination**

Utilize personnel to assist in planning, promoting, and/or conducting group sessions at a maximum of \$10,000 over the project period. Applicant must be able to explain how personnel will be sustained after grant period end.

**Validation:** All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Program will expect timesheets or pay files to be submitted. Time & Effort reporting must be completed and submitted if staff are charged to multiple funding sources. An example of Time & Effort reporting can be found on the GMIS bulletin board posted on 7/12/2022.

**Due Date:** 10th of every month starting 8/10/24.

**Deliverable amount:** Subrecipient defines total amount requested. Eligible for maximum of \$10,000.

Appendix C2- Objective Allocations

Name of Subgrant Program: Group Prenatal Care Initiatives  
Budget Period: July 1, 2024 – June 30, 2025  
# of Deliverables: 1  
Use Budget Justification Scenario#: 3  
100% Deliverables

	<b>Deliverable 1- Start-Up or Expansion</b>
<b>Subrecipient (6)</b>	\$50,000
<b>Total</b>	<b>\$300,000</b>

## Appendix D – Application Review Form

### Group Prenatal Care Initiatives SFY25 (PC25)

Applicant Information	
Applicant Agency: GMIS #: Area(s) to be served:	Amount Requested
	Administrative (Del. 1A – 1E):
	Establishment/Expansion (Del. 1F – 1H):
	Enhancements (1I):
	Total:

Unless otherwise noted in the specific criterion, the following table is to be used in completing the scoring tool.

Scoring Guide		
0	Does not meet.	Did not respond to or did not include.
1	Somewhat meets.	Missing most of the required component but includes some response.
2	Mostly meets.	Includes most of the required component.
3	Meets expectations.	Includes response to entire required component.
4	Exceeds expectations.	Provides more information than required.

Required Components	Provided		Comments
Budget Justification	<input type="checkbox"/>		
GMIS Budget	<input type="checkbox"/>		
Enhancements Budget Breakdown	<input type="checkbox"/>		
Workplan	<input type="checkbox"/>		
Narrative	<input type="checkbox"/>		
Criteria	Max Review Score	Reviewer Score	Comments
<b>Executive Summary</b>			
Indicates agency or agencies who will provide proposed services.	4		
Identifies proposed scope of work – start-up or expansion and enhancements.	4		
Clearly identifies priority population.	4		
Identifies key activities for the grant year for each scope of work.	4		
Includes anticipated numbers of pregnant people to be served, sessions to be conducted, and cohorts to be initiated and completed.	4		Insert: # to be served # sessions to be conducted # cohorts to be initiated # cohorts to be completed
Describes the burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.	4		
<b>Section Total Score</b>	24		
<b>Description of Applicant Agency/Documentation of Eligibility/Personnel</b>			
Demonstrates meets qualified applicant requirements: <ul style="list-style-type: none"> <li>Medical practices, including those operated by or employing one or more physicians, physician assistants, certified nurse-midwives, certified nurse practitioners or clinical nurse specialists; or healthcare facilities.</li> <li>Must demonstrate:               <ul style="list-style-type: none"> <li>Ability to provide prenatal care in a group setting;</li> <li>Has the space to host groups of at least 12 pregnant women;</li> <li>How the proposed site meets or will meet the accessibility</li> </ul> </li> </ul>	Meets or Does Not Meet		



<p>standards of the ADA for <a href="#">Assembly Areas</a> and/or <a href="#">Medical Care Facilities</a> to ensure access to pregnant women with disabilities.</p> <ul style="list-style-type: none"> <li>• Provides prenatal services to at least 150 number of clients per year. (This is the minimum number of clients the Centering Healthcare Institute recommends for establishing a Centering Pregnancy site.)</li> <li>• Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis;</li> <li>• Provides prenatal care or must provide prenatal care within 6 months of the grant award; and</li> <li>• Integrates health assessments, education, and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills, and participate in group discussion.</li> <li>• Site requesting to be funded cannot be a currently operating Centering Pregnancy site; however, the applicant can be a currently operating Centering Pregnancy provider. Previous Group Prenatal Care Initiatives subrecipients are only eligible if their PC24 proposal is for establishment of Centering Pregnancy at a new site.</li> <li>• Has completed the Centering Healthcare Institute's Readiness Assessment: <a href="https://centeringhealthcare.org/start-centering">https://centeringhealthcare.org/start-centering</a>.</li> </ul>			
Describes previous or current experience in providing Centering Pregnancy services.	4		
Clearly identifies the site that funding will support. If previous Centering Pregnancy site, explains reason site is not currently providing Centering Pregnancy.	4		
Includes the average annual number of pregnant people currently served by the applicant and by the proposed site.	4		
Describes current and anticipated capacity to bill the Ohio Department of Medicaid.	4		
Describes capacity of organization, personnel,	4		

and contractors to communicate effectively and convey information in accordance with CLAS and ADA.			
<b>Section Total Score</b>	20		
<b>Problem/Need</b>			
Identifies and describes local health status concern(s) that will be addressed.	4		
Describes segments of the priority population who experience a disproportionate burden for the health concern or issue.	4		
Describes other local agencies/organizations also addressing the problem/need.	4		
<b>Section Total Score</b>	12		
<b>Workplan</b>			
Indicates entity's capacity to complete the project by the deliverable due dates.	4		
Clearly identifies SMART-IE objectives and activities designed to accomplish program goals.	4		
Workplan includes: #s of proposed sessions, program participants, cohorts initiated and completed.	4		
Describes plan for accomplishing objectives, including timelines and staff responsible for activities.	4		
Activities in the workplan are reflective of applicant's proposed scope of work, including SMART-IE objectives.	4		
Indicates how objectives will be evaluated to determine the program's success.	4		
Work plan is reflective of deliverables and objectives listed in the budget justification.	4		
Activities address barriers and/or reflect the cultural needs of the target population.	4		
<b>Section Total Score</b>	32		

<b>Budget</b>			
Budget elements are consistent with other information in application (e.g., workplan, GMIS budget and budget justification). <ul style="list-style-type: none"> <li>Budget requests are reflected in the workplan.</li> <li>Workplan is reflective of the budget justification.</li> <li>Budget justification and GMIS budget match.</li> </ul>	4		
Deliverable objective descriptions and allocations are consistent with Appendices C1 and C2 of the Solicitation. <ul style="list-style-type: none"> <li>Application deliverables match RFP.</li> <li>Requested deliverable amounts do not exceed what is allowable as defined by RFP. This includes line items for enhancements.</li> </ul>	4		
Enhancement breakdown includes requested enhancements, specific enhancement items, total amount, unit number, and unit cost.	4		
<b>Section Total Score</b>	12		
<b>Total Score of All Sections</b>	100		
<b>BONUS</b>			
Victims of human trafficking are a priority population of the applicant.	1		
Identified target area and/or population by using local or program data.	1		
Indicates that staff is trained in cultural competency and/or is a cultural peer of the target audience.	1		
Staff experienced in serving priority populations.	1		
<b>TOTAL SCORE OF ALL SECTIONS W/ BONUS</b>			

*\*An application review score of less than 60% may result in a determination not to fund.*

### Final Recommendation for Funding

- ☐ Approval and funding of application as submitted, without program special conditions.
- ☐ Approval and funding of application, with special conditions.
- ☐ Approval and funding of application, without special conditions but with technical assistance needs identified.
- ☐ Disapproval of application as submitted.

Comments, including any recommended special conditions or technical assistance needs. If recommending disapproval of application as submitted, provide explanation.

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<b>TOTAL SCORE OF ALL SECTIONS W/ BONUS:</b>	<b>TOTAL POINTS AVAILABLE:</b>  <b>100</b>	<b>TOTAL SCORE (%):</b>
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**REVIEWER SIGNATURE:**

## Appendix E – Other Program Documents

### Appendix E1 – Workplan template

(Deliverable 1A)

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
<b>Goal 1:</b>					
<b>SMART-IE Objective 1:</b>					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<b>SMART-IE Objective 2:</b>					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<b>SMART-IE Objective 3:</b>					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments



**Appendix E2 – Monthly Progress Report**  
(Deliverable 1B)

<b>PC25 Monthly Progress Report</b>	<i>Date: July 2024</i>
<b>Subrecipient:</b>	
For the reporting month, describe progress and challenges for all funded scopes. Narrative should support workplan objectives, goals, and associated activities. The monthly report should provide a comprehensive picture about what activities occurred during the reporting month to work towards grant objectives and deliverables. Narrative should also reflect deliverables, budget, and spending.	
<b>Instructions:</b>	
Project Progress (All Scopes)	
Project Challenges (All Scopes)	
Centering Healthcare Institute Technical Assistance	
If applicable, provide information on technical assistance received.	

Appendix E3 – Cohort Tracker  
(Deliverable 1D and 1I)

PC25 Cohort Tracker						
Cohort 1						
Cohort Start Date:		X				
Cohort End Date:		X				
Number of Clients in Cohort		Black, non-Hispanic	Black, Hispanic	White, non-Hispanic	White, Hispanic	Total
Session	Session Date					
1						
2						
3						
4						
5						
6						
7						
8						
9						
11						
12						
13						
14						
15						

**Appendix E4 – Aggregate Incentive Tracking**  
(Deliverable 1I)

PC25 Aggregate Incentive Tracking									
		Incentives Distributed						Incentives Distributed	
July	Incentive Type	Number Distributed	Total Value of Distributed			Total PC25	Incentive Type	Number Distributed	Total Value of Distributed
	Gas Cards						Gas Cards	0	\$ -
	Diapers						Diapers	0	\$ -
	Wipes						Wipes	0	\$ -
	Gift Cards						Gift Cards	0	\$ -
	Total	0	\$ -				Total	0	\$ -
August	Incentive Type	Number Distributed	Total Value of Distributed						
	Gas Cards								
	Diapers								
	Wipes								
	Gift Cards								
	Total	0	\$ -						
September	Incentive Type	Number Distributed	Total Value of Distributed						
	Gas Cards								
	Diapers								
	Wipes								
	Gift Cards								
	Total	0	\$ -						
October	Incentive Type	Number Distributed	Total Value of Distributed						
	Gas Cards								
	Diapers								
	Wipes								
	Gift Cards								
	Total	0	\$ -						



Appendix E5 – Incentive Distribution Log  
(Deliverable 1I)

Subrecipient:

Date Provided to Client	Client Identifier	Incentive Provided	Value	Gift/Gas Card Identifier #	Reason for Incentive	Has This Client Already Received an Incentive?			Name of Staff Member Distributing Incentive	Confirmation of Receipt of Incentive by Client (physical signature & date, email, text)  When you've received confirmation from client, mark an X below.  <i>Subrecipientss must keep confirmations on file for monitoring purposes</i>
		(diapers, baby wipes, gift card, gas card)  Please list each incentive distributed on a separate line.		(Only applicable if providing gift/gas card)	Enrollment vs. Retention	Yes/No	If Yes, How Much?	Date incentive was received		
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
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						Select				
						Select				
						Select				
						Select				