



Date: April 8, 2022

To: Subrecipient Applicants

From: Dyane Gogan Turner, Chief *DGT*
Bureau of Maternal, Child and Family Health

Subject: Notice of Availability of Funds: Innovations to Advance Breastfeeding and Health Equity Competitive Solicitation

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health announces the availability of competitive grant funds to comprehensively address breastfeeding and health equity. Up to \$250,000 in funding is available. Multiple grants may be awarded. No grant award will be issued for less than \$30,000.

Qualified applicants include local public or non-profit organizations that have the capacity to accept an electronic funds transfer (EFT).

This is a competitive solicitation. **All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A) no later than April 20, 2022.** Electronic application components must be submitted via the online Grants Management Information System (GMIS). For access to GMIS, please complete Appendix B.

An informational session will be held virtually on Tuesday, April 19, 2022, at 1:00 PM on Microsoft TEAMS. Options to join are below:

- Join on your computer or mobile app
[Click here to join the meeting](#)
- Join with a video conferencing device
682042763@t.plcm.vc
Video Conference ID: 112 659 877 2
[Alternate VTC instructions](#)
- Or call in (audio only)
[+1 614-721-2972](tel:+16147212972), [33279451#](tel:+13327945133) United States, Columbus
Phone Conference ID: 332 794 51#

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by 4:00 PM on Monday, May 16, 2022. Applications received after the due date will not be considered for review.

If you have questions, please contact Bre Haviland at Breanne.Haviland@odh.ohio.gov or 614-466-7956.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF Medical Director
BUREAU OF Maternal, Child, and
Family Health

Innovations to Advance Breastfeeding and Health Equity Grant Program
SOLICITATION FOR FISCAL YEAR 2023
(7/1/22 – 6/30/23)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

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

TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose	3
D.	Qualified Applicants	3
E.	Service Area	3
F.	Number of Grants and Funds Available	4
G.	Due Date	4
H.	Authorization	4
I.	Goals	4
J.	Program Period and Budget Period	4
K.	Public Health Accreditation Board Standards	4
L.	Public Health Impact Statement	4
M.	Human Trafficking	6
N.	Appropriation Contingency	7
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	7
P.	Acknowledgment	7
Q.	Late Applications	7
R.	Successful Applicants	7
S.	Unsuccessful Applicants	7
T.	Review Criteria	7
U.	Freedom of Information Act	8
V.	Ownership Copyright	8
W.	Reporting Requirements	8
X.	Special Condition(s)	10
Y.	Unallowable Costs	10
AA.	Audit	11
AB.	Submission of Application	11
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	13
B.	Budget	13
C.	Assurances Certification	13
D.	Project Narrative	13
E.	Civil Rights Review Questionnaire – EEO Survey	14
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	15
G.	Attachment(s)	15
III.	APPENDICES	
A.	Notice of Intent to Apply For Funding	
B.	GMIS Access Request Form	
C.	C1. Deliverable – Objective Descriptions	
D.	Application Review Form	
E.	Workplan Template and Guidance	
F.	Quarterly Report Template	
G.	Budget Narrative Example	

I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Wednesday, April 20, 2022 so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

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

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

Budget Justification Certification language

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

policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: *Innovations to Advance Breastfeeding and Health Equity*

- C. Purpose:** Provide funding to implement innovative projects that promote, protect, and support breastfeeding initiatives while focusing on achieving health equity. Breastfeeding has many known health benefits for mother and baby and is recognized as the optimal source of nutrition for infants. Breastfeeding is widely accepted as an effective strategy to promote positive health outcomes for both mothers and their babies.

Breastfeeding is linked to decreased infant mortality. Necrotizing enterocolitis (common in premature infants) and SIDS are both contributors to infant mortality and infants who are breastfed have a decreased incidence of both. If 90% of families exclusively breastfeed for 6 months, nearly 1,000 deaths among infants could be prevented. Breastfeeding is also linked to reduced rates of obesity and other chronic diseases.

According to the Center for Disease Control and Prevention's most recent Breastfeeding Report Card, 80.1% of babies born in Ohio were breastfed. By the time they were 6 months old, only 51.1% were still breastfed. The rate of exclusive breastfeeding at 6 months is even lower, at 21.6%. These rates suggest that mothers may not be getting the support they need from health care providers, family members, and employers to meet their breastfeeding goals.

African American and Appalachian women continue to have lower breastfeeding initiation and exclusivity rates compared to the rest of the state. Ohio Vital Statistics data for 2019 births shows that 75.8% of white, non-Hispanic babies are breastfed at hospital discharge compared to 67.5% of black, non-Hispanic babies. The disparity is even greater for exclusive breastfeeding at hospital discharge: 56.3% for white, non-Hispanic babies compared to 35.6% for black, non-Hispanic babies.

The early postpartum period is a critical time for establishing and supporting breastfeeding. To reach their breastfeeding goals, mothers need continuity of care, which is achieved by consistent, collaborative, and high-quality breastfeeding services and support.

Additionally, findings from focus groups conducted with African American and Appalachian women in Ohio in 2021 indicated additional opportunities are needed to reach these populations, which demonstrate lower breastfeeding duration rates. And, to implement effective interventions, strategies need to be tailored to the needs of specific populations.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. 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). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can apply.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, May 16, 2022.**

- E. Service Area:** Applicants shall clearly define specific geographical area (county, zip code(s), census tract(s), etc.) and the specific population to be served with the grant funds provided. The service area includes all counties in Ohio.

Applicants are required to indicate the areas of service and explain how these areas were selected. Applications are required to indicate other resources located within their service area or explain if there are none.

- F. Number of Grants and Funds Available:** State funds of up to \$250,000 for a one-year period are available to support innovative breastfeeding strategies that address health disparities. Eligible agencies may apply for a minimum of \$30,000 and a maximum of \$250,000. Multiple grants may be awarded. Subrecipient awards will be based on submitted proposals as evaluated by ODH.

No grant award will be issued for less than **\$30,000**. 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 or via ground delivery at Breanne Haviland, 246 N. High Street, 4th Floor, Columbus, OH, 43215 by **4:00 p.m. by Monday, May 16, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Breanne Haviland, Breanne.Haviland@odh.ohio.gov, 614-644-7956 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 110

- I. Goals:** *Breastfeeding is identified as one of the priorities in the current Title V Maternal and Child Health Block Grant. The goals are to increase the percent of infants who are ever breastfed to 90.8% and to increase the percent of infants who are breastfed exclusively through 6 months to 31.2% by 2025. The strategies proposed in this application should contribute to increasing breastfeeding initiation and duration rates while also closing the racial and ethnic disparity gap.*

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

- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: 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:

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

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

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

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

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.

- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

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

- 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 to specify where program activities are focused by using the Ohio Health Improvement Zones Dashboard. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here:

<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>
- 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.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

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

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

- a. Victims of human trafficking are included in your agency's target population;

1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

_____ Applicable X Not Applicable to [Innovations to Advance Breastfeeding and Health Equity]

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact [Breanne Haviland at Breanne.Haviland@odh.ohio.gov or 614-644-7956] for questions regarding this Solicitation.
- P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, May 16, 2022, at 4:00 p.m.**
- Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities,

- milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation Programs can insert further information about program specific review criteria (if applicable) *[Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.]*

The 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. [Select only the appropriate reference.]
- 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, Child, and Family Health, Innovations to Advance Breastfeeding and Health Equity Grant and as a sub-award of a grant issued by Amended Sub House Bill 110.

- W. **Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports

will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- 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 must be completed thoroughly on the provided *Quarterly Report Template* (Appendix F). **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 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1, 2023 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

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

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

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

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, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1, 2023 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

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

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

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.
- Y. **Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Contributions to a contingency fund;
 6. Entertainment;
 7. Fines and penalties;
 8. Membership fees — unless related to the program and approved by ODH;
 9. Interest or other financial payments (including but not limited to bank fees);
 10. Contributions made by program personnel;
 11. Costs to rent equipment or space owned by the funded agency;
 12. Inpatient services;
 13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

16. Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.

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

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

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

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

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

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

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

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 5 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.

- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s))**.
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program NONE

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

Current Independent Audit
(latest completed organizational fiscal period; **only if not previously submitted**)

Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor 35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

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

B. Budget: Prior to completion of the budget section, please review page [10] of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS or Appendix G in this solicitation).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2022, to June 30, 2023.

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

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

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

D. Project Narrative:

- 1. Executive Summary:** *Provide overview of the proposed activities to be funded by this solicitation. Please include the following:*
 - *Identify the target population.*
 - *Identify the services and programs to be offered.*
 - *Which agency or agencies will provide those services?*
 - *Describe the burden of health disparities and health inequities related to this grant funding.*
 - *Describe the public health problem(s) that the program will address.*

- *Use available data to justify the population of focus and geographical area to be served.*
- *Describe how proposed activities are innovative and not duplicative of existing practices.*

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 capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- [National CLAS Standards](#)
- [ADA Standards for Effective Communication](#)

- 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. Proposed activities cannot be duplicative of existing practices. Explain if/how data will be shared with partner organizations to impact maternal health outcomes. Attention must be given to ensure work is not duplicative of the projects already being completed. Discuss how efforts will be coordinated and synergized with other partners working in the maternal health/breastfeeding space.

Methodology: In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they 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. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. Clearly explain how the innovative project will be sustained beyond the budget period.

Complete the provided Workplan (Attachment E). One comprehensive workplan must be submitted by the applicant agency. Multiple program plans are not acceptable. Applicants must use the format provided in this solicitation in order to be considered for funding.

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grantfunds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Monday, May 16, 2022.**

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Request C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Workplan Template and Guidance
- F. Quarterly Report Template
- G. Budget Justification Example

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of the Medical Director
Bureau of Maternal, Child, and
Family Health

ODH Program Title:

Innovations to Advance Breastfeeding and Health Equity
(BH23)

Submission Required

See due date below.

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

Reimbursement
Type
Select one of the
options below:
☐ Monthly
OR
☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

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

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Breanne Haviland at Breanne.Haviland@odh.ohio.gov BY Wednesday, April 20, 2022.

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

late will not be accepted.

Appendix B

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

GMIS Training, User Access, Access Change or Deactivation Request

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

Date: _____

Check the type of access and complete the information requested:

☐ Employee — needs GMIS Training

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

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

Effective/Change Date: _____

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

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

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

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

Scan & Email: karen.tinsley@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Innovations to Advance Breastfeeding and Health Equity

Budget Period: July 1, 2022 – June 30, 2023

of Deliverables: 4

Use Budget Justification Scenario #: 1

X Deliverables Only

Deliverable — Objective 1: Grant Administration

By June 30, 2023, grantee will complete all administrative tasks and report necessary progress, data, and project updates to ODH.

- List objectives and activities to be completed to achieve each deliverable and total cost for each deliverable in workplan template.
- Submit final work plan to ODH no later than 30 days after NOA. Must use template provided in Appendix E of this solicitation. Must include all grant administration activities in the workplan (e.g., quarterly calls with ODH, quarterly report submissions, expenditure report submissions, final program report submission, etc.).
- Submit written quarterly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables. Template provided in Appendix F.
- Participate in meetings via conference call quarterly with ODH to discuss progress.
- Submit final program report detailing project milestones, accomplishments, outcomes, evaluation results, and findings.

Deliverable — Objective 2: Program Planning

By June 30, 2023, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective.

Deliverable — Objective 3: Implementation and Evaluation

By June 30, 2023, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective.

Deliverable — Objective 4: Dissemination

By June 30, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and decreasing health disparities with appropriate stakeholders and the community.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective.
- Results shared with the community should be provided in a culturally and linguistically appropriate manner with considerations of health literacy, those who speak English as a second language and accessibility for individuals with disabilities.

Appendix D

Innovations to Advance Breastfeeding and Health Equity Grant

Application Review Form

Reviewer: _____ Date: _____ Agency: _____ Funding: _____

Only those applicants that score a minimum of 29 points will be considered for funding.

Each application will be evaluated on the four sections below: 1) Project Narrative, 2) Workplan, 3) Budget Justification, and 4) General Application Components. The workplan evaluation section of this review form is based on the four deliverables included in the competitive solicitation (Appendix C1). Each item in the sections below should be scored on a scale of 0-5.

0= Does not meet expectations

1= Weak

2= Meets expectations

3=Exceeds expectations

Section	Meets Expectations (If applicant were to score 2 points for each section)
1.) Project Narrative	11
2.) Workplan	12
3.) Budget Justification	2
4.) General Application Components	4
Minimum Score:	29

<u>1) Evaluation of Project Narrative</u> Applications to be scored based on the extent that the applicant agency provided an executive summary of the purpose, description of applicant agency, description of the problem/need, and methodology for this project. Requirements are included in section D of this solicitation.	<u>Weight</u>	<u>Score</u> <u>(0-3)</u>	<u>Weighted</u> <u>Score</u> <u>(Weight x</u> <u>Score)</u>	<u>Special Conditions/Comments</u>
The Executive Summary section provided: <ul style="list-style-type: none"> • The target population. • Services and programs to be offered. • What agency or agencies will provide those services? • Burden of health disparities and health inequities. • The public health problem(s) that the program will address. • Uses available data to justify the population of focus. • How proposed activities are innovative and not duplicative of existing services (geographically/racially/ethnically) 	X1			
Description of Applicant Agency section included: <ul style="list-style-type: none"> • Applicant agency and agency(ies) that will provide services. • Applicant agency demonstrated that they meet all requirements as specified in this solicitation. • Agency's ability to successfully complete work outlined in application (Including but not limited to experience with target population, ability to successfully engage with and elicit buy-in from target population, ability to complete deliverable due dates, experience completing projects similar in size and scope as proposed, and relevant educational/professional/lived experiences of the team members). 	X1.5			

Problem/Need section included: <ul style="list-style-type: none"> Thoroughly described public health problems that this project will address. The specific health status concerns that the program intends to address maybe stated in terms of health status (e.g., morbidity and/or mortality) or indicators of maternal health (e.g., accessibility, availability, affordability, appropriateness of health services). Clearly identified how project will fill gaps that have prevented reduction of racial/ethnic disparities in maternal health. Identify target population. Include description of other agencies/organizations also working on this problem (if applicable). Description of how subrecipient's proposed project may collaborate, compliment, or uplift existing initiatives (if applicable). 	X1.5			
Methodology section included: <ul style="list-style-type: none"> Evidence for success. Data collection/management (if applicable). Evaluation that includes goals and SMART objectives. Sustainability plans. 	X1.5			
Project Narrative Total:				

2) Evaluation of Workplan	<u>Weight</u>	<u>Score</u> <u>(0-3)</u>	<u>Weighted</u> <u>Score</u> <u>(Weight x</u> <u>Score)</u>	<u>Special Conditions/Comments</u>
Applications to be scored based on the extent that the applicant agency provided a thorough workplan using template in Appendix E.				

Deliverable 1: Grant Administration By June 30, 2023, grantee will complete all administrative tasks and report necessary progress, data, and project updates to ODH.

Applicant includes: <ul style="list-style-type: none"> • Plan to submit quarterly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables in workplan. • Plan to submit final report detailing project milestones, accomplishments, outcomes, evaluation results, and findings in workplan. • A realistic timeline is included in workplan explicitly outlining when all relevant activities will be completed. • Each activity in the workplan has been assigned to a designated staff person within the applicant agency. • Applicant includes budgeted dollar amount for each activity in workplan that they will request reimbursement for. 	X1			
Deliverable 1 Total:				
Deliverable 2: Program Planning By June 30, 2023, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities.	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>	<u>Special Conditions/Comments</u>
Applicant includes: <ul style="list-style-type: none"> • All of the relevant planning activities they will complete to successfully accomplish their proposed initiative. This section of the workplan should clearly describe how and what the applicant intends to do to accomplish their overall goal. • Necessary local partnerships for successful implementation of proposed initiative. • A realistic timeline is included in workplan explicitly outlining when all program planning activities will be completed to accomplish their proposed initiative. • Each program planning activity in the workplan has been assigned to a designated staff person within the applicant agency. • <u>This section of the workplan demonstrates why the proposed initiatives in this application will lead to a reduction in disparities in breastfeeding health among the proposed target population.</u> 	X2			

Deliverable 2 Total:			
Deliverable 3: Implementation and Evaluation By June 30, 2023, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities.	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>
Applicant includes: <ul style="list-style-type: none"> • Explicit activities that will be implemented in order to successfully achieve their overall goal of their proposed initiative. • Applicant identifies strategies for recruitment of target population in workplan (if applicable). • Plan for data collection and monitoring (if applicable). • Applicant includes evaluation plan in workplan (if applicable). • A realistic timeline is included in workplan explicitly outlining when all activities will be completed to accomplish each activity listed above. • Each activity has been assigned to a designated staff person within the applicant agency. 	X2		
Deliverable 3 Total:			
Deliverable 4: Dissemination By June 30, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and decreasing health disparities.	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>
Applicant includes: <ul style="list-style-type: none"> • Plan to disseminate findings or results of proposed initiative. • A realistic timeline is included in this section of the workplan explicitly outlining when all dissemination activities will be completed to accomplish this objective. • Each activity in this section of the workplan has been assigned to a designated staff person within the applicant agency. 	X1		
Deliverable 4 Total:			
Overall Workplan Total:			

3) Evaluation of Budget Justification Applications to be scored based on the extent that the applicant agency submits their budget justification using example provided on GMIS for Deliverable Funding Only (Scenario #1).	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>	<u>Special Conditions</u>
<ul style="list-style-type: none"> Budget justification is submitted on Scenario 1 Budget Justification Template. Budget justification provides description of the funding allocation between Deliverables 1, 2, 3, and 4. 	X1			
Budget Justification Total:				

4) General Application Components Applications to be scored based on the extent that the applicant agency satisfies all requirements outlined in this solicitation and their ability to successfully achieve the objectives set forth in their application.	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>	<u>Special Conditions</u>
<ul style="list-style-type: none"> Applicant used workplan template provided in Appendix E of this solicitation. Application is well executed, and applicant agency can attain program objectives. Provides a thorough workplan that is clear, easy to understand, and explicitly addresses disparities in breastfeeding in Ohio. Application targets populations with lower breastfeeding initiation and duration rates. Application included plan for innovative initiative for addressing breastfeeding strategies in their community that is not duplicative of existing efforts within that community. 	x2			
General Application Components Total:				

Appendix E

Name of Subgrant Program: Innovations to Advance Breastfeeding and Health Equity

Budget Period: July 1, 2022 – June 30, 2023

Workplan Template and Guidance

The template provided is **required** to be used by all applicants. The italicized activities, timelines, agencies, and amounts are meant to serve as examples. Please copy and paste this into a word document and enter your project specific information into this workplan. The purpose of the workplan is to outline all the activities the subrecipient will accomplish to satisfy the 4 deliverables in this grant. These deliverables can be found in Appendix C1 and in the top row of each section of the workplan below. The workplan also serves as a document to plan out reimbursement for activities over the entire budget period. This workplan will be used by the ODH program manager to track subrecipient progress.

Deliverable 1: Grant Administration				
Objective	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By June 30, 2023, grantee will complete all administrative tasks and report necessary project progress, data, and updates to ODH. Total cost: \$ ____ (Enter the total amount you allocated to Deliverable 1 in your budget justification).	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> (For deliverable 1, you must include the following: <u>submission of quarterly program reports, final program report, expenditure reports, evaluation plan, & quarterly calls with ODH).</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u>
	<i>Example Activity A: Quarterly call with ODH.</i>	<i>Completed quarterly; Once in October, December, March, and June.</i>	<i>Program Manager</i>	<i>\$50/call; 4 quarterly calls x \$50/call = \$200</i>
	<i>Example Activity B: Submit quarterly program report to ODH program manager.</i>	<i>Completed quarterly Last Friday of every quarter during the budget period.</i>	<i>Program Manager</i>	<i>\$100/report; 4 quarterly reports x \$100/report = \$400</i>
	<i>Example Activity C: Submit final program report.</i>	<i>Submit by August 5, 2023</i>	<i>Program Manager</i>	<i>\$200</i>

<i>Example Activity D: Submit monthly/quarterly expenditure report.</i>	<i>Completed monthly or quarterly; Due the 10th of every month/quarter</i>	<i>Fiscal manager</i>	<i>\$0</i>
<i>Example Activity E: Submit evaluation plan.</i>	<i>August 1, 2022</i>	<i>Program intern</i>	<i>\$150</i>
<i>(Please add more rows to this section of the workplan if you have additional activities and need more space.)</i>			

Deliverable 2: Program Planning

Objective	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By June 30, 2023, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities. Total cost: \$____ (Enter the total amount you allocated to Deliverable 2 in your budget justification).	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> <u>These activities should be specifically related to the planning or preparation phase of your program.</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u>
	<i>Example Activity A: Create a timeline to develop, implement and evaluate the program.</i>	<i>August 1, 2022</i>	<i>Program manager</i>	<i>\$150</i>
	<i>Example Activity B: Develop data collection tool to be used in program.</i>	<i>August 1, 2022</i>	<i>Data analyst</i>	<i>\$500</i>
	<i>Example Activity C: Develop sustainability plan.</i>	<i>August 1, 2022</i>	<i>Program manager</i>	<i>\$500</i>
	<i>(Please add or remove rows to this section of the workplan if needed.)</i>			

Deliverable 3: Implementation and Evaluation				
Objectives	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
<p><i>By June 30, 2023, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities.</i></p> <p><i>Total cost: \$____ (Enter the total amount you allocated to Deliverable 3 in your budget justification).</i></p>	<p><u>What specific tasks/activities will you complete to meet objective in previous column?</u></p> <p><u>These activities should be specifically related to the implementation and evaluation phases of your program.</u></p>	<p><u>Specific dates each activity will be completed by.</u></p>	<p><u>Identify person responsible for the listed activities in the previous column.</u></p>	<p><u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u></p>
	<p><i>Example Activity A: Begin disseminating survey to program participants.</i></p>	<p><i>November 30, 2022</i></p>	<p><i>Program manager</i></p>	<p><i>\$0</i></p>
	<p><i>Example Activity B: Evaluate survey results and summarize findings.</i></p>	<p><i>June 30, 2023</i></p>	<p><i>Data analyst</i></p>	<p><i>\$1,000</i></p>
	<p><i>Example Activity C: Pay the salary of X staff member every month.</i></p>	<p><i>Monthly</i></p>	<p><i>Community Worker</i></p>	<p><i>\$500 monthly \$6,000 throughout the entire budgeted period.</i></p>
	<p><i>(Please add or remove rows to this section of the workplan if needed.</i></p>			

Deliverable 4: Dissemination				
Objective	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
<p>By June 30, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and</p>	<p><u>What specific tasks/activities will you complete to meet objective in previous column?</u></p> <p><u>These activities should be specifically related to the dissemination phase of your</u></p>	<p><u>Specific dates each activity will be completed by.</u></p>	<p><u>Identify person responsible for the listed activities in the previous column.</u></p>	<p><u>How much money will you request for the completion of each activity?</u></p>

decreasing health disparities. Total cost: \$ _____ (Enter the total amount you allocated to Deliverable 4 in your budget justification).	<u>program.</u>			
	<i>Example Activity A: Hold a meeting/town hall with stakeholders to share findings/results of initiative with community stakeholders</i>	<i>June 30, 2023</i>	<i>Program manager</i>	<i>\$500</i>
	<i>Example Activity B: Create a discussion guide, presentation, or summary of findings, etc. to share with ODH.</i>	<i>June 30, 2023</i>	<i>Program manager</i>	<i>\$500</i>
	<i>Example Activity C: Share impact/evaluation of program with internal/external stakeholders via newsletter, meetings, etc.</i>	<i>June 30, 2023</i>	<i>Program manager</i>	<i>\$2,000</i>
	<i>(Please add or remove rows to this section of the workplan if needed.)</i>			

Appendix F

Quarterly Report Template

The workplan template may be modified to meet your needs. You may add/delete rows as needed.

Definitions of workplan template components:

- Activities
 - Steps or specific tasks program will take to meet objectives and/or overall goal.
- Expected Outcome/Data Points
 - Standard a program sets for itself to measure progress in achieving goals.
- Validation
 - Evaluative measure for each activity.
 - *All validating documentation identified must be kept on file with the funded entity.*
- Quarterly Update
 - Narrative progress toward expected outcome every quarter. Should reflect progress toward proposed objective.

Quarterly Report Template

Subrecipient Agency:

Deliverable 1: Grant Administration

Objective: By June 30, 2023, grantee will complete all administrative tasks and report necessary progress, data, and project updates to ODH.

Activities	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:

Deliverable 2: Program Planning

Objective: By June 30, 2023, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities.

Activities	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:

Deliverable 3: Implementation and Evaluation

Objective: By June 30, 2023, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities.

Activities	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:

			Q1:
			Q2:
			Q3:
			Q4:
Deliverable 4: Dissemination Objective: By June 30, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and decreasing health disparities.			
Key Action Steps	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:

Appendix G

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
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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
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Budget Grand Total	\$
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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]