



Date: 4/2/2025

To: First-tier subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC [DGT](#)
Chief, Bureau of Maternal, Child, and Family Health

Subject: Adolescent Health Resiliency (AH26) Continuation Solicitation

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

All electronic applications and attachments are due by 4:00 p.m., **May 19, 2025**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Policies and Procedures rules, policy and procedure updates posted on the Grant Management Information System and Grants Management Information System Portal (GMISP) Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations>.

If you have questions, please contact Marius Igwe via e-mail at Marius.Igwe@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH policies, procedures, rules, all state, federal and local laws, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: October 1, 2025-September 30, 2026, of the total performance period, October 1, 2023-September 30, 2026. Reference the competitive Solicitation for more information.

First-tier subrecipient personnel paid using the deliverable funding model must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

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

B. Number of Grants and Funds Available: The source of funds supporting the Maternal and Child Health Program are both state and federal funds.

<i>Agency</i>	<i>Total Budget</i>
<i>Adams/Brown Counties Economic Opportunities, Inc.</i>	<i>\$150,000.00</i>
<i>Belmont County General Health District</i>	<i>\$66,000.00</i>
<i>Carroll County Health Department</i>	<i>\$93,000.00</i>
<i>Clark County Combined Health District</i>	<i>\$130,000.00</i>
<i>The Ohio State University Office of Sponsored Programs</i>	<i>\$149,841.00</i>
<i>Henry County Health Department</i>	<i>\$144,000.00</i>
<i>Mahoning County District Board of Health</i>	<i>\$80,000.00</i>
<i>Ross County Health District</i>	<i>\$150,000.00</i>
<i>Stark County Health Department</i>	<i>\$150,000.00</i>

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

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

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

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, May 19, 2025.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Disparity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the first-tier subrecipient wishes to share for continuation funding. The narrative should address activities that were accomplished in year-two, including status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. The attached appendix D serves as a workplan template.

D. Documentation and Progress on Health Disparity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health disparity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. Please submit an updated Culturally and Linguistically Appropriate Services (CLAS) Annual Strategic Plan (appendix E) that was submitted with competitive application with accomplishments.

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

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

For your convenience, a budget justification narrative example is available on GMIS bulletin board.

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

- 2. 2025 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 10/1/2025 to 09/30/2026. Please note, direct costs can now include Participant and evaluation costs.

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

- **Compliance:** Answer each question on this form. Completion of the form ensured agency's compliance with the administrative standards of ODH and federal grants.

- 3. 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. *[Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.]*

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Workplan template (appendix D).

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

a. Other Required Documentation:

- First-tier 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: First-tier 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.

- **Audit:** First-tier subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each first-tier subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantee) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the first-tier subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM).

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.

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

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

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

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

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 1. Populations at increased risk
 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 Adolescent Health Resiliency

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

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

Reports shall be submitted as follows:

- a. **Program Reports: First-tier subrecipient program reports must be completed and submitted via GMIS by the following dates. [Additional language is optional.] Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
October 1-31, 2025	November 10, 2025
November 1-30, 2025	December 10, 2025
December 1-31, 2025	January 10, 2026
January 1-31, 2026	February 10, 2026
February 1-28, 2026	March 10, 2026
March 1-31, 2026	April 10, 2026
April 1-30, 2026	May 10, 2026
May 1-31, 2026	June 10, 2026
June 1-30, 2026	July 10, 2026
July 1-31, 2026	August 10, 2026

August 1-31, 2026	September 10, 2026
September 1-30, 2026	October 10, 2026

- b. First-tier subrecipient Reimbursement Expenditure Reports:** First-tier subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1-31, 2025	November 10, 2025
November 1-30, 2025	December 10, 2025
December 1-31, 2025	January 10, 2026
January 1-31, 2026	February 10, 2026
February 1-28, 2026	March 10, 2026
March 1-31, 2026	April 10, 2026
April 1-30, 2026	May 10, 2026
May 1-31, 2026	June 10, 2026
June 1-30, 2026	July 10, 2026
July 1-31, 2026	August 10, 2026
August 1-31, 2026	September 10, 2026
September 1-30, 2026	October 10, 2026

First-tier subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1—December 31, 2025	January 10, 2026
January 1—March 31, 2026	April 10, 2026
April 1—June 30, 2026	July 10, 2026
July 1—September 30, 2026	October 10, 2026

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

- c. Final Expenditure Reports:** A First-tier 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 December 5, 2026. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL First-tier subrecipient program and expenditure reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation ReimbursementType Form
- B. B1 Deliverable — Objective Descriptions
- C. Evidence of Health Disparity Strategies Checklist
- D. Workplan Template.
- E. Culturally and Linguistically Appropriate Services (CLAS) Annual Strategic Plan.

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

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

Adolescent Health Resiliency (AH26)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by 4/9/2025

Please email completed form to Geoff Grove at geoff.grove@odh.ohio.gov.

Appendix B1

Name of Subgrant Program:

Budget Period: 10/01/2025 – 9/30/2026

of Deliverables: 5

Use Budget Justification Scenario #: 1

100% Deliverables

Deliverable — Objective 1: Adolescent Health Coordinator

Identify and maintain adolescent health coordinator (minimum .5 FTE) to support the coordination, implementation, and reporting of the deliverables. Required qualifications are attached in Appendix D. The adolescent health coordinator will be required to attend the quarterly ODH project director meetings. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and completion of all identified ODH training. The total amount for this deliverable cannot exceed \$34,000.

Deliverable — Objective 2: Staff Facilitator Training

The adolescent health coordinator, if not already trained, and an additional one to three staff or community partners will be required to attend the ODH facilitator training on trauma-informed care and adolescent resiliency. The training dates and format will be determined at the beginning of the project period. New project staff must be trained within three to six months of hire.

Deliverable- Objective 3: Update Workplan and Implement Trainings

The workplan should be updated with activities for year three. Program goals should be written in SMART (strategic, measurable, ambitious, realistic, and time-bound.) Each goal should have specific strategies with person(s) responsible, due date, and costs included. First-tier subrecipients shall develop objectives indicating how each of the deliverables be met including evaluation and outcomes.

Required activities for year three include:

Update workplan using the environmental scan from year and data the following dashboards to identify additional community partners to train who are in the greatest need.

- [Ohio Health Improvement Zones \(OHIZ\)](#) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities.
- [Youth Wellbeing dashboard](#) combines data from the DEW School Report Card, Healthy Student Profiles, the Community of Wellbeing: Social Determinants of Health (SDoH), Social Vulnerable Index (SVI), Health Professionals Shortage Areas (HPSA), and Ohio Opportunity Index. Data is geocoded at the school district and census tract levels. A bivariate colored map of HPSAs and SVI levels to help pinpoint census tracts with low health support access.
- Hold at least one quarterly AH training with a minimum of 30 participants.
- Collect and report data for the training sessions they facilitate. The data collection metrics will be provided at the beginning of the grant period and REDCap will be utilized to collect pre-and-post surveys from the trainings.

Deliverable — Objective 4: Facilitate Advisory Committee

Utilize the advisory committee created in year one to guide the work of all activities. The advisory group should consist of at least six members with subject matter experience and /or credentials in adolescent health. The advisory committee shall also include members from social clubs, clinical youth advocates (behavioral health and physical health clinical representation), community leaders, and adolescent representatives. The advisory committee shall meet at least once each quarter to discuss challenges and barriers, evaluate success, and think about future expansion and sustainability. The advisory in year-three should include youth voice as identified in application and shall be involved in the advisory committee. Meeting minutes and agendas will be submitted quarterly. The cost of this deliverable cannot exceed \$4,000.

Deliverable — Objective 5: Program Reports and Evaluation

First-tier subrecipients will be required to submit monthly program reports. The program reports should include updates on deliverables, describe how the training is being facilitated in the community (in person or virtual), and what partners are trained. Partners trained should align with application and updated workplan. Outcome measures from the data collection form should be submitted quarterly.

Update sustainability plan developed in year two and submit to ODH by Friday, June 30, 2026, or the end of the third quarter of year 3.

First-tier subrecipients will be required to submit an annual report that includes the required data collection from the trainings conducted. Grantees will also be required to provide an infographic regarding project outcomes as part of the final annual report. ODH will provide additional training and guidance on the formatting for the infographic report.

Appendix C

ODH Evidence of Health Disparity Strategies Checklist

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

Health Disparities, Health Inequities, Social Determinants of Health & Health Disparity

Racial and ethnic minorities, those living in rural communities, people with disabilities, 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 occur because of low socioeconomic status, race/ethnicity, 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 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 disparity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health disparity.

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health disparity targets that demonstrate reducing disparities and improving health disparity are critical goals to be achieved through program activities. This information must also be supported by data.

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities.

The following are best practices aimed at eliminating disparities and achieving health disparity. They are not required, but highly encouraged to use.

- 1) Link proposed activities to health disparity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in 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>
- 2) Develop staffing plans where board members, leadership and program staff reflect the multifaceted community composition 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 opportunities for people to achieve their full health potential. Downstream approaches focus on providing 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, community 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.

Appendix D. Workplan

Adolescent Health Project Workplan Template- AH 26 The Workplan Template may be modified to meet your needs.				
Agency Name:		GMIS Number:		
Goal:				
<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>A responsible person must be identified for each action step. If other agency is the lead write as in-kind.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>List accomplishments and report if activity is:</i> - In progress - Complete - Having barriers
Deliverable 1:				
Goal:				
Key Action Steps	Timeline	Person Responsible	Expected Outcomes and Impact	Activity Updates
Deliverable 2:				
Goal:				
Key Action Steps	Timeline	Person Responsible	Expected Outcomes and Impact	Activity Updates
Deliverable 3:				
Goal:				
Key Action Steps	Timeline	Person Responsible	Expected Outcomes and Impact	Activity Updates

[illegible]

Appendix E. Culturally and Linguistically Appropriate Services (CLAS) Plan

FY2026 Culturally and Linguistically Appropriate Services (CLAS) Annual Strategic Plan

Subgrantee Agency Name: _____ GMIS # _____

This document is being submitted as: *(please check one)*

☐ Initial Plan ☐ Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments (See note above)
Standard #1: Understandable and Respectful Care					
Standard #2: Promote CLAS and health disparity					
Standard #3: Multifaceted Staff and Leadership					
Standard #4: Ongoing Education and Training EXAMPLE	<ul style="list-style-type: none"> • Orient new staff members to cultural competence training • Develop orientation materials related to cultural competency • Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	October 1, 2016 – September 30, 2017	<p>Staff participation in ongoing training and education will be accounted for in a database.</p> <p>The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.</p>	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #5: Language Assistance Services					
Standard #6: Right to Receive Language Assistance Services					
Standard #7: Competence of Language Assistance					
Standard #8: Patient-Related Materials					
Standard #9: Written Strategic Plan					
Standard #10: Organizational Self-Assessment					
Standard #11: Patient / Consumer Data					
Standard #12: Community Profile					
Standard #13: Community Partnerships					
Standard #14: Conflict/Grievance Processes					
Standard #15: Implementation					

Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

- Based on what your agency learned from the CLAS self-assessment (<http://www.odh.ohio.gov/ODHPrograms/FAMX/familyX1.htm>), activities should be identified to improve Cultural Competency of services in FY2026.

- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective.
- <https://www.thinkculturalhealth.hhs.gov/Content/cfas.asp>