



MEMORANDUM

Date: May 24, 2022

To: Prospective Cribs for Kids® and Safe Sleep Subrecipients

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

Subject: CK23, October 1, 2022 – September 30, 2023

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

All electronic applications and attachments are due by 4:00 p.m., June 27, 2022. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Wednesday, June 1, 2022, from 9:00am to 10:30am**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting link:

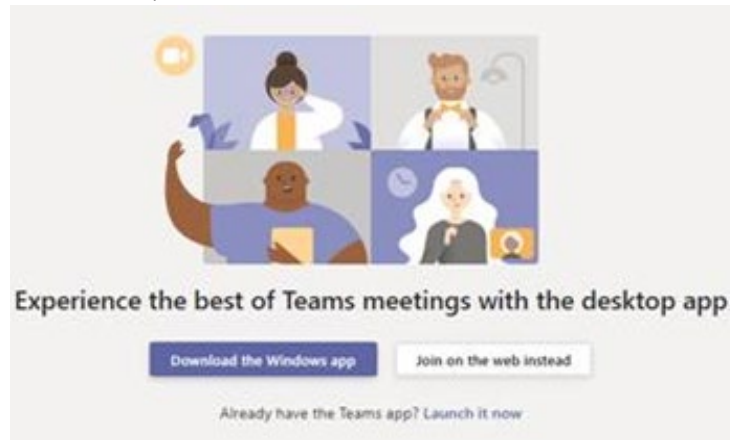
[Click here to join the meeting](#) or Copy Paste Link Below.

https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2F%2Fmeetup-join%2F19%3Ameeting_MTNIMmJkMzgtYjZkNi00MWExLTgyMDUtOGY0MmM0NDg4ZDkx%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%252250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%2522%252c%2522Oid%2522%253a%2522fde6f969-28da-402d-b662-e1ab71964167%2522%257d%26CT%3D1653329345405%26OR%3DOutlook-Body%26CID%3D0D91007C-896C-4D6F-86C4-41211D1694CA%26anon%3Dtrue&type=meetup-join&deeplinkId=d18d4970-a022-4220-b60e-a15c619a505b&directDI=true&msLaunch=true&enableMobilePage=false&suppressPrompt=true

Call-in information

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

[+1 614-721-2972](tel:+16147212972), [412118906](tel:+1412118906) United States, Columbus Phone Conference ID: 412 118 906#



This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Tuesday, May 31, 2022 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Tuesday, May 31, 2022, to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Kira Bryant Kira.Bryant@odh.ohio.gov.

Important Date Reminders:

- Notice of Intent to Apply for Funds (Appendix A)—Tuesday, May 31, 2022, by 4:00pm
- ODH GMIS 2.0 Form (Appendix B), *if applicable*—Tuesday, May 31, 2022, by 4:00pm
- Bidders' Conference— Wednesday, June 1, 2022, 9:00am
- Applications Due—Monday, June 27, 2022

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF Maternal, Child and
Family Health

CRIBS FOR KIDS AND SAFE SLEEP
SOLICITATION FOR FISCAL YEAR 2023
(10/01/22 – 09/30/23)

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

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, 5/31/2022 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: CRIBS FOR KIDS AND SAFE SLEEP

C. Purpose: *To decrease Ohio's infant mortality rate by ensuring infants have a safe sleep environment and families are educated about safe sleep practices.*

D. Qualified Applicants: *All applicants must be a local public or non-profit agency. Applicants should document a high need for safe sleep resources based on county Child Fatality Review and/or other data related to infant safe sleep. 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).*

Awarded agencies must partner with local health departments, hospitals, health care systems, physician offices, maternal and child health programs, social service agencies and/or other entities to facilitate partnerships and/or referrals to the program. To ensure collaboration among key statewide partners, entities shall connect with the following projects:

- *Applicants in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, or Summit Counties must ensure they are connected with the local [Ohio Equity Institute](#) (OEI) lead agency. The OEI was created in 2012 to address racial disparities in birth outcomes, with population data used to target areas for outreach and services in the nine counties with the largest disparities. OEI 2.0 was launched in 2018 with a target structure to ensure the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes. Entities implement strategies to connect women to needed clinical or social services and work to adopt policy and practice changes to impact social determinants of health.*
- *Applicants must have partnerships with ODH Help Me Grow Home Visiting programs to ensure eligible families are served and referrals are made between the programs. Help Me Grow is Ohio's evidence-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote the comprehensive health and development of children.*
- *Applicants in a county with a [Mom's Quit for Two](#) Program must connect with your local program to ensure referrals between programs. The Mom's Quit for Two Program is administered through the Maternal and Infant Wellness section and uses the evidence-based intervention model Baby & Me, Tobacco Free. The program provides tobacco cessation intervention to pregnant women and their partners, sharing the same*

residence, with continuous smoking cessation interventions provided before and following the birth of the baby. The goal of the Mom's Quit for Two Program is to promote smoking cessation and reduce secondhand smoke exposure among Ohio's most vulnerable population.

- ODH will continue to provide an allotment of safe sleep survival kits that can be requested from Cribs for Kids® by each agency receiving a grant award, to serve families residing in the service area. These survival kits include a safety-approved portable crib, as well as supplemental items such as a fitted sheet and infant sleep sack. Survival kits will be available to order *at no cost* to the subgrantee for delivery and must be utilized to serve eligible families for the grant program. (As a result, subgrantees will not be reimbursed for the survival kits obtained from the provided allotment.) Survival kits obtained through the allotment must be tracked and distributed to serve families for the grant program, with monthly reporting provided to ODH on all families served, including follow-ups.
 - Survival kits must be provided to families at no cost. Sites distributing ODH funded survival kits and cribs may not solicit nor accept payment, donations, or gifts in exchange for the cribs or survival kits provided to families.
 - Instruction on how to set-up the crib must be provided with the survival kits (demonstration preferred when possible)
 - Safe sleep programming including education and messages must adhere to the American Academy of Pediatrics (AAP) Policy Statement, *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*.
 - Materials and publications must adhere to the safe sleep image guidelines as established by the National Action Partnership to Promote Safe Sleep in March 2017.
- The target number of families served should be at least 50 and no more than 1,000, keeping in mind the program requirements and deliverable expectations. The total number of Medicaid births by county based on Vital Statistics data can be referenced (Appendix K) as an *approximate* estimate of the number of low-income births by county. As a general guideline, the proposed number of families to serve should not be greater than approximately 25% of the total number of Medicaid births as shown in Appendix K for all counties in the service area.

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, June 27, 2022**.

E. Service Area: *Cribs for Kids® subgrantees must provide cribs for all eligible families in their service area. ODH's goal is to provide this service statewide.*

F. Number of Grants and Funds Available: Agencies may subcontract with other entities to provide programs and services. The sources of funds supporting the Cribs for Kids® Safe Sleep Program are both state and federal funds. ODH is interested in achieving statewide coverage for this program. A total amount of \$3,050,000 may be awarded for these grants.

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

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH

electronically via GMIS by **4:00 p.m. by Monday, June 27, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Kira Bryant at 614-728-9120 or email at kira.bryant@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill Sections 3701.66-67 of the Ohio Revised Code.
- I. Goals:** The goal of the Safe Sleep program is to decrease infant mortality by ensuring infants have a safe sleep environment. This is accomplished by providing funding to organizations that promote safe sleep practices and distribute cribs in their counties. These organizations must have demonstrated experience in the delivery of safe sleep education and evaluate program objectives in Appendix E.
- J. Program Period and Budget Period:** The program period will begin October 1, 2022, and end on September 30, 2023. The budget period for this application is October 1, 2022, and end on September 30, 2023.
- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness. The PHAB standards are available at the following website:

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 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.

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 \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. 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.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio 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.

☒ X Applicable ☐ Not Applicable to Cribs for Kids

- 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 Kira Bryant at 614-728-9120 or kira.bryant@odh.ohio.gov
- 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. All Required attachments must be uploaded to GMIS on or before the application due date of **Monday, June 27, 2022, at 4:00 p.m.**
GMIS applications and required application attachments received late will not be considered for review.
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (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.

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. Authorization of funds for this purpose is contained in Sections 3701.66-67 of the Ohio Revised Code.

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, Crib for Kids and as a sub-award of a grant issued by the Ohio Department of Health under the Crib for Kids grant,."

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

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
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1-31, 2023	February 10, 2023
February 1-28, 2023	March 10, 2023
March 1-31, 2023	April 10, 2023
April 1-30, 2023	May 10, 2023

May 1-31, 2023	June 10, 2023
June 1-30, 2023	July 10, 2023
July 1-31, 2023	August 10, 2023
August 1-31, 2023	September 10, 2023
September 1-30, 2023	October 10, 2023

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

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

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

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

Submission of 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 Narratives should not exceed 25 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 12 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).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2022 to September 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: *Identify how you will provide statewide coverage. Identify the target population, services and programs to be offered and what agency or agencies will provide those services, and 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.*

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

3. Problem/[Need]: Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

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

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

Methodology: [In narrative form, identify the program goals, **SMART** 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.]

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 willhold 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), registerin 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 butare deemed necessary to a given grant program. All attachments must clearly identify the authorizedprogram 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 MicrosoftExcel. 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 June 27, 2022.**

III APPENDICES

- A. Notice of Intent to ApplyFor Funding
- B. GMIS Access Request Form
- C. Budget Period
- D. Deliverable:
 - 1: Identification, Education, Distribute; and Follow-up.
 - 2.1: Deliverable-MonthlyReporting
 - 3.1: Deliverable- Ohio Injury Prevention or ODH TA
 - 4.1: Deliverable-Attend conference(s) 5.1: Deliverable-Convene Meeting
- E. Funding: Deliverable Scenario
- F. ODH Evidence of Health Equity Strategies Checklist
- G. ODH Policy Acknowledgement and Acceptance
- H. Infant Safe Sleep Grant Workplan
- I. Infant Safe Sleep County Rankings Top Quartile
- J. Medicaid Birth Numbers by County
- L.

Appendix A

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

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of
Bureau of Maternal, Child and
Family Health
CRIBS FOR KIDS AND SAFE SLEEP (CK23)

Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

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

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Kira Bryant @odh.ohio.gov BY May 25, 2021.

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 C

CK23 Grant Program Requirements & Guidance

CK23 Grant Program Requirements & Guidance

- 1) Program Eligibility
 - a. Mother at least 32 weeks pregnant or an infant less than one-year-old.
 - b. Income Standard. Each agency's income standard must be between 100 percent of the federal poverty guidelines (issued each year by the Department of Health and Human Services) but cannot be more than 185 percent of the federal poverty income guidelines.
 - c. If parents live in separate homes: the county decides whether to provide two cribs:
 - i. Other caregivers, including non-custodial grandparents, are eligible
 - ii. Twins and multiple births are eligible
- 2) The ODH Safe Sleep Assessment is used to document screening and guide safe sleep education.
 - a. Includes specific language when screening pregnant mothers:
 - i. Questions generally include a future tense as well as a present-tense option to apply to both pregnant and postnatal mothers, e.g.:
 - “Do you plan to have your infant share a sleep surface with a sibling, adult, or pet?” and
 - “Does your infant ever share a sleep surface with a sibling, adult, or pet?”
 - b. Cannot delete any part of the assessment but can add sections.
 - c. Report both race and ethnicity to ODH.
 - d. Report county in monthly reporting if a family from another county (county should be within your identified service area, or a county not currently being served by another program).
 - e. Report answers to additional questions from the assessment, including 13, and 14: how the client heard about your program and whether the client is enrolled in home visiting to ODH via a monthly report.
 - f. The ODH Safe Sleep Assessment tool is also available in French and Spanish.
- 3) Safe sleep education
 - a. All programs/subgrantees must follow the safe sleep standards outlined in the ODH Safe Sleep Policy.
 - i. Safe sleep education and messages should follow the American Academy of Pediatrics (AAP) Updated 2016 Recommendations.
 - ii. Any publications should adhere to the [safe sleep image guidelines as established by the National Action Partnership to Promote Safe Sleep in March 2017](#).

The safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations, and messages must be linguistically suitable for various literacy levels and sensitive to the family history of infant death. Parents and caregivers of children with special health care needs

should follow the recommendations of their healthcare provider.

- b. The following information must be included within the safe sleep education:
 - i. Instruction on how to set-up/assemble and take down the crib (please note it is required/critical to include this information with every crib distribution)
 - ii. Ohio statistics related to infant mortality, sleep-related infant deaths, and racial disparities
 - iii. The American Academy of Pediatrics' 2016 Safe Sleep Recommendations, including the ABCs of safe sleep based on the AAP recommendations
 - iv. Addressing potential barriers to implementing the ABC's for every nap and overnight sleep (e.g., how to soothe a fussy baby, developing realistic expectations and a plan for successfully implementing the ABC's, information on normal sleep cycles of infants, coping with exhaustion as a new parent/caregiver).
 - v. ODH infant safe sleep educational materials or other approved materials must be provided.
- c. Resources for staff and partners
 - i. Online training resources available include the [ODH Infant Safe Sleep Annual Training](#) and the [NICHD SIDS Risk Reduction CE Activity for Nurses](#).
 - ii. Free educational print materials are available to request from ODH through the safe sleep webpage.
- d. General guidance
 - i. Encourage the client to invite all family members residing in the household and regularly caring for the infant (e.g., fathers, grandparents, children, and other individuals) to the safe sleep educational session.
 - ii. The duration and format of safe sleep education are decided by the county.
 - Some counties host group classes that last about an hour, while one on one sessions may be more appropriate for counties that serve fewer clients and/or provide safe sleep education through home visiting.
 - iii. Incorporate recommendations from the American Academy of Pediatrics' latest recommendations for effective safe sleep messaging
 - Messages may be more effective if they convey an understanding that caregivers are:
 - a. Contributing to and providing for their family
 - b. Experiencing high-stress levels and are extremely busy
 - c. Doing their best to make the right decisions when parenting and disciplining children
 - Caregivers may respond to messages that safe sleep can be the difference between life and death.

4) Outreach

- a. Submit an outreach plan annually with an application that includes:
 - i. Securing and maintaining partnerships
 - ii. Educating partners on implementing the Infant Safe Sleep program

- iii. Supporting partners in promoting their programs and tracking assessment, education, kit distribution, and follow-up data
 - iv. Project timeline, recruitment methods, target organizations to recruit, and plan to promote awareness of program throughout county/counties served.
 - b. Ohio Injury Prevention Partnership Child Injury Action Group Safe Sleep Subcommittee
 - i. It is required that subgrantees participate in at least 75 percent of Safe Sleep Subcommittee calls during FY2023.
 - ii. To participate, subgrantees should join the subcommittee. Click [here](#) to join; please make sure to select “Safe Sleep Subcommittee” when completing the registration survey.
 - c. ODH promotes funded programs at www.safesleep.ohio.gov
 - d. Connect with your local ODH funded Help Me Grow Home Visiting, Mom’s Quit for Two (Baby and Me Tobacco Free), Ohio Equity Institute 2.0, and WIC programs.
 - i. Share referral and safe sleep information, including ODH safe sleep website.
- 5) Developing and Maintaining a network of partners
 - a. Identify and engage partners:
 - i. Potential partners may include hospitals, social service agencies, crisis centers, health clinics, WIC clinics, fire departments, police departments, etc. Partners to assist with promoting programs might also include grocery stores and any store selling baby products that would be willing to display end caps or other promotional marketing.
 - ii. Research shows that a significant number of medical providers believe Pack ‘n Plays (PNP) are unsafe for safe sleep. This finding emphasizes the importance of informing potential partners that the Graco PNPs and Cribs for Kids® (CFK) Cribettes® have been certified as being compliant with Consumer Product Safety Commission standards and that the AAP recommends a crib, bassinet, portable crib, or play yard that conforms to the safety standards of the CPSC. The portability of the Cribettes® supports the family’s capacity to ensure it is available as a safe sleep environment for their baby, even if the baby is in another parent’s or caretaker’s residence.
 - iii. Subgrantee and partners distributing cribs to eligible families should only distribute portable cribs meeting the following standards and displayed on product labeling: ASTM F-406 safety standards (<https://www.astm.org/Standards/F406.htm>), Juvenile Products Manufacturers Association – JPMA (<https://www.jpma.org/page/standards>), and Consumer Product Safety Commission Consumer Product Safety Improvement Act (CPSIA-<https://www.cpsc.gov/Regulations-Laws--Standards/Statutes/The-Consumer-Product-Safety-Improvement-Act/>) safety standards (<https://www.cpsc.gov/PageFiles/129781/playyards.pdf>).
 - iv. Define the relationship:
 - Would it be beneficial for the partner to have cribs available

on-site or will they provide a referral?

- a. If the partner will provide a referral: what will the referral process look like to ensure follow-through?
 - b. When ordering, check with CFK, as it may be able to deliver straight to partner if 10 or more cribs will be delivered.
 - If the partner plans to provide cribs and education, ensure the partner is willing to complete ODH Safe Sleep Assessment and provide the safe sleep education following the program guidelines.
 - Who will coordinate/facilitate the required follow-up?
 - Survival kits provide safety-approved cribs for infants from eligible families who are in a need of a safe sleeping environment.
 - Survival kits and cribs must be provided at no cost to eligible families. Sites distributing the ODH-funded survival kits and cribs may not solicit or accept payment, donations, or gifts in exchange for the cribs or survival kits provided to families.
 - Memorandum of Understanding (MOU) is strongly recommended when a partner will distribute cribs/provide education
 - a. Partner sites must be trained and must provide information for required reporting and monitoring
 - b. The ODH Safe Sleep Policy is located at www.safesleep.ohio.gov
 - c. Residents living in ODH-funded county are only eligible for cribs from the ODH-funded program in their county, while supplies last.
 - d. Sites distributing the ODH-funded survival kits and cribs may not solicit nor accept payment, donations, or gifts in exchange for the cribs or survival kits provided to families.
- v. The network of ODH-funded partners to consult with; can look at the list and identify like counties.

6) Home visiting distribution is encouraged

- a. The ODH Safe Sleep Assessment, education, and crib are provided to the family during a home visit.
- b. Follow-up is provided during a separate home visit or by phone (home visit follow-up is preferred).
- c. Subgrantees are encouraged to partner with home visiting programs (can be but not required to be Help Me Grow) who have an opportunity to see the safe sleep environment and provide in-home technical assistance to the family.

7) Referrals

- a. If appropriate, refer the family to a home visiting program, HMGreferrals@helpmegrow.org

- b. Track who/which organizations referred families to you.

8) Follow-up

- a. We are not requiring follow-up to occur within a certain time period, but ODH encourages the follow-up to be completed within 30 days of the education and distribution. Follow-up should not be done on the same date as education and/or distribution.
- b. We are not requiring a specific form to use for follow-up but recommend for the questions to reflect the information learned while completing the ODH Safe Sleep Assessment. Should also ask about any challenges with setting up and using the crib.
- c. Phone follow-up: try different days of the week at different hours.
 - i. Incomplete: if unable to reach family to complete follow-up, must have called at least 3 times on different days/times, and these three attempts must be documented. After 3 failed attempts, can close out and report. Report as attempted/unreachable follow-up on the monthly report.
- d. Home visiting follow-up: if the family wasn't home on the first attempt, the county can choose:
 - i. To attempt home visit again. Can closeout after 3 failed home visit follow-up attempts and seek reimbursement at home visiting rate.
 - ii. Not to reschedule a home visit follow-up but rather attempt phone follow-up. After 2 failed phone follow-up attempts, the county can close out and report.
 - iii. Attempts must be documented.
- e. Must keep follow-up tracking mechanism on file for all participants to show during the site visit.

9) Additional notes

- a. For a crib with bed bugs, it is strongly recommended to replace it with a second crib; however, the county ultimately decides. The following are tips for a crib with bed bugs:
 - i. Discarding the crib and providing a second crib is strongly recommended. This would certainly be appropriate if the family does not have the means to get rid of any potential bed bugs in the fabric that wraps the top bars (see below).
 - ii. Have family scrub all parts of the pack and play (paying close attention to the seams) with a household cleaner, warmest water they can stand (perhaps using rubber gloves to protect hands from heat), and a scrub brush. Spraying with alcohol can also be helpful.
 - iii. Hose off.
 - iv. Dry with a towel and put the towel in the dryer afterward.
 - v. Use a blow dryer, if available on the high heat setting to go over sections of the Pack and Play so any remaining bugs/eggs that may still exist are destroyed. This is particularly true for the fabric wraps at the top of the pack and play. A subgrantee tested to see if a blow dryer on a high setting could get to a temperature that could kill bed bugs and their eggs (122 F – kills adult immediately and 130 F will kill eggs) and they were successful. Air needed to

- be blown in at both ends.
- vi. Cribs may be replaced due to environmental issues (fire, rodents, etc.) or if the family had to leave it behind due to a domestic violence situation.

Name of Subgrant Program:

Budget Period: October 1, 2022-

September 30, 2023

of Deliverables: 5

Use Budget Justification Scenario #:

X Deliverables Only

Deliverable — Objective 1: Serve Families

Identification of Families: Distribute safe sleep environments to eligible families and education on safe sleep practices. Provide follow-up on education, tools, and resources provided to families. Reimbursement for this deliverable is \$150.00 per family served.

Deliverable — Objective 2: Monthly Reporting

Reporting: By the 10th of every month enter, track and report data in ODH data system. Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Cribs for Kids Grant using the monthly reporting template. Reimbursement for this deliverable is \$1,000.00 monthly. Total reimbursement for this deliverable is \$12,000.00.

Deliverable — Objective 3: OIPP CIAG Participation

Participate in at least 75% of Ohio Injury Prevention Partnership (OIPP) Community Injury Action Group (CIAG) Statewide Safe Sleep Subcommittee Calls and provide documentation by September 30, 2023 for one payment of \$1,000.

Deliverable — Objective 4: ODH TA Participation

Participate in 75% of the Ohio Department of Health technical assistance (TA) sessions. The TA sessions will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data. Provide documentation by September 30, 2023 for one payment of \$1,000.

Deliverable — Objective 5: Conference and Training

Attend conference(s) or training(s) pre-approved by ODH (in-state, out-of-state, and virtual may be considered for approval) related to the grant program, such as infant safe sleep and/or messaging (e.g., cultural competency for diverse audiences, health literacy) by September 20, 2023. Reimbursement up to \$1,500. (Optional)

Deliverable — Objective 6: Stakeholder Engagement

Convene a local collaborative, stakeholder or advisory group that includes multiple members and stakeholders (such as local hospitals, health care providers, local office of minority health, home visitors, other partners etc.) to focus on the topic of infant safe sleep and related health disparities, barriers, and/or needs; to address cultural-specific messaging related to the AAP infant safe sleep recommendations; and to assess local referral processes. The group should meet at least four times per year, and report progress and documentation (agenda and sign-in sheet) to ODH for reimbursement no more than quarterly for payments of \$1,000 per meeting. Reimbursement up to \$4,000. (Optional)

Deliverable — Objective 7: Fire Station - Train the Trainer Education Event (OEI Counties)

Recruit Fire Stations and First Responders to attend the Safe Sleep Fire Station, Safe Sleep Educational Event ODH will host in SFY 23. This event will include a Train-the-Trainer Class in response to expand safe sleep education in local OEI communities through additional partners. This educational opportunity will be provided to Fire Captains or other Fire Department Personnel, identified by each agency. This innovative attempt at eliminating sleep related infant deaths due to suffocation, strangulation, or positional asphyxia by using First Responders to identify and remove hazards while delivering education on scene. First Responders will be trained to identify and remove hazards from an infant's sleep space while on scene during emergency and non-emergency 911 calls. BY leading the recruitment, the Cribs for Kids agency will establish the partnership and develop ways to collaborate locally. Appendix L has the goal for the number of Fire Stations each agency will recruit. Reimbursement of up to \$100.00 per Fire Station. (Optional)

Deliverable — Objective 8: Fire Station – Train Nearby Fire Station First Responders (OEI Counties)

Train up to five (5) local Fire Stations on Safe Sleep Education, ODH Safe Sleep Educational Kits and Cribs for Kids program. Reimbursement of up to \$500.00 per Fire Station. (Optional)

Appendix E Deliverables

Appendix E			
Ensure infants have a safe sleep environment by coordinating the Cribs for Kids® program. (CFK)			
Maximum Funding for Deliverables: up to \$168,000.00			
Deliverable - Objective	Unit Cost	Minimum Required Activities	Reporting Requirements
<p>1. Identification of Families:</p> <p>Distribute safe Sleep environments to eligible families and education on safe sleep practices.</p> <p>Provide follow-up on education, tools, and resources provided to families.</p> <p>Reimbursement for this deliverable is \$150.00 per family served.</p> <p>For purposes of this grant, served is defined as identifying and distributing a crib to eligible families based on the CK21 Grant Program Requirements & Guidance (Appendix B).</p> <p>Payment will be made based on Cribs provided to families as reported in GMIS.</p> <p>ODH will practice good faith that follow up will occur</p>	<p>\$150.00 per family served.</p> <p>The target number of families served should be at least 50 and less than 1,000.</p>	<p><u>Identification & Education</u></p> <ul style="list-style-type: none"> Maintain a network to identify and conduct assessment and educate families on safe sleep. Train staff on safe sleep guidelines, your safesleep policy, and the importance of modeling safe sleep for parents. Educate parents on the importance of safe sleep practices and implement these practices. <p><u>Distribute</u></p> <ul style="list-style-type: none"> Order infant safe sleep kits from the ODH provided allotment following the procedure provided. Conduct program to serve families with assessment, safe sleep survival kit, and education. Track distribution and families served. Maintain related documentation and provide monthly reporting. The program should utilize Vital Statistics data to determine population served (Appendix N). Must distribute at least 75 cribs during the grant year. <p><u>Follow-up</u></p> <ul style="list-style-type: none"> Follow-up with all families served on education, tools and resources provided to family. If family is not reached, at least three documented attempts on different days/times is required. Report as either a 	<p><u>Identification & Education</u></p> <ul style="list-style-type: none"> Submit monthly report of activities and challenges in Program Progress Report in GMIS. <p><u>Distribute</u></p> <ul style="list-style-type: none"> Provide monthly reporting with updates and data on families served in GMIS. Maintain additional information on families served on site. <p><u>Follow-up</u></p> <ul style="list-style-type: none"> Provide monthly reporting with updates on follow-ups. <p>Maintain additional information on</p>

to families.		completed follow-up or attempted follow-up.	follow-ups on site.
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<p>2. Workplan Reporting:</p> <p>By the 10th of every month enter, track and report data in ODH data system.</p> <p>Provide a brief narrative describing efforts towards accomplishing deliverables by meeting the goals, objectives and strategies of the Cribs for Kids Grant using the monthly reporting template.</p> <p>Reimbursement for this deliverable is \$1,000.00 monthly.</p> <p>Total reimbursement for this deliverable is \$12,000.00.</p>	<p>\$1,000.00</p> <p>12 units (Total deliverable cost: \$12,000)</p>		<ul style="list-style-type: none"> • Provide monthly reporting with updates and data on families served. • Maintain additional information on families served on site.
<p>3. Participate in at least 75% of Ohio Injury Prevention Partnership (OIPP) Community Injury Action Group (CIAG) Statewide Safe Sleep Subcommittee Calls and provide documentation by September 30, 2023 for one payment of \$1,000.</p>	<p>\$1,000.00</p> <p>1 Unit</p>	<ul style="list-style-type: none"> • Join OIPP CIAG Safe Sleep Subcommittee as a member. • Participate in OIPP CIAG Safe Sleep Subcommittee meetings held by conference call. 	<ul style="list-style-type: none"> • Provide monthly reporting with updates on-call participation. • Provide meeting minutes/notes showing attendance for calls.

<p>4. Participate in at 75% of the Ohio Department of Health TA session. The TA classes will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data. Provide documentation by September 30, 2023 for one payment of \$1,000.</p>	<p>\$1000.00 1 Unit</p>	<ul style="list-style-type: none"> • ODH TA The TA classes will be used to share best practices. Examples of topics include recruitment strategies, collaboration, partnership agreements, and current safe sleep data. 	<ul style="list-style-type: none"> • Provide attendance for calls.
<p>5. Attend conference(s) or training(s) pre-approved by ODH (in-state, out-of-state, and virtual may be considered for approval) related to the grant program, such as infant safe sleep and/or messaging (e.g., cultural competency for diverse audiences, health literacy) by September 30, 2023.</p>	<p>Up to \$1,500.00 # of units based on local training and technical assistance attended</p>	<ul style="list-style-type: none"> • Get pre-approval from ODH for any conferences or trainings by providing training dates, meeting agenda and/or related info. • Attend conference or training and report agenda, learning objectives and • Out-of-state conferences or trainings may be acceptable if approved by ODH 	<ul style="list-style-type: none"> • Provide copy of meeting agenda, learning objectives, and summary of training take-a-ways. • Provide receipts for travel expenses claimed. • Provide training attendance

<p>6. Convene a local collaborative, stakeholder or advisory group that includes multiple community members and other stakeholders to focus on the topic of infant safe sleep and related health disparities. Group should meet at least four times per year, and report progress and documentation (agenda, sign-in sheet) to ODH for reimbursement not more than quarterly payments of \$1,000/meeting (maximum \$4,000)</p>	<p>\$1000.00 meeting</p> <p>4 units (Total deliverable cost: \$4,000.00)</p>	<ul style="list-style-type: none"> • Convene a local collaborative, stakeholder or advisory group. • Group must include multiple community members or families, as well as other stakeholders (such as local hospitals, health care providers, home visitors etc.) to focus on the topic of infant safe sleep and related health disparities, barriers, and/or needs. • Group must meet at least four times in the first year with at least 1.5 hours scheduled per meeting. • Group should assess local referral processes related to Cribs for Kids® & Safe Sleep. • Each meeting must be documented. • If applicant also applied for Objective 1 in the MP21 grant, this group should share information with that Advisory Council or Community Collaborative but should not duplicate efforts. 	<ul style="list-style-type: none"> • Provide monthly reporting with progress • Provide meeting documentation (agenda, sign-in sheet/attendance, minutes/notes) to ODH
<p>7. First Responders Safe Sleep Education Train-the-Trainer education by September 30, 2023</p>	<p>Up to \$1,000.00</p>	<ul style="list-style-type: none"> • Identify Fire Stations • Identify First Responder • Coordinate Attendance at ODH Safe Sleep Fire Agency Training • CEU Provided 	<ul style="list-style-type: none"> • Coordinate First Responder Attendance
<p>8. First Responders will train 5 Fire Stations</p>	<p>\$100.00 5 units (Total deliverable cost: \$500.00)</p>	<ul style="list-style-type: none"> • Coordinate Training with local fire department to Train up to 5 other local fire departments with the Safe Sleep Education, ODH Safe Sleep Educational Kits and Cribs for Kids program 	<ul style="list-style-type: none"> • Provide training attendance

Appendix F – Deliverable Table

	Deliverable - Objective 1 (Identification, Education and Follow up)	Deliverable - Objective 2 (Reporting)	Deliverable -Objective3 (Participate in ODH TA)	Deliverable - Objective 4 (Participate in CIAG Subcommittee Meeting)	Deliverable - Objective5** (Training)
Subrecipient (Number of subrecipients TBD)	Distribute safe sleep environments to eligible families and education on safe sleep practices. Provide follow-up on education, tools, and resources provided to families.	By the 10 th of every month enter, track and report data in ODH data system,	Participate in 75% of Ohio Injury Prevention Partnership (OIPP) Community Injury Action Group (CIAG) Statewide Safe Sleep Subcommittee Calls.	Participate in 75% of the Ohio Department of Health TA sessions.	Attend conference(s) or training(s) pre-approved by ODH Direct on Scene Education (DOSE)
Total	\$150.00 per family served	\$1,000.00 12 units (Total deliverable cost \$12,000.00)	\$1,000.00	\$1,000.00	\$1,500.00
	Deliverable - Objective 6** (Convene a local collaborative)	Deliverable 7 (OEI County)	Deliverable 8 (OEI County)		
Subrecipient (Number of subrecipients TBD)	Convene a local collaborative, stakeholder or advisory group that includes multiple community members and other stakeholders to focus on the topic of infant safe sleep and related health disparities	Identify Fire Station, Identify First Responder, and coordinate attendance at ODH Fire Station Training.	Coordinate Training with local fire department to Train up to 5 other locals fire departments with the Safe Sleep Education, ODH Safe Sleep Educational Kits and Cribs for Kids program		

Total	\$1,000.00 meeting 4 units (Total deliverable cost: \$4,000.00)	Up to \$1,000.0 0	\$100.00 5 units (Total deliverable cost: \$500.00)		
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ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. 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.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio 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](#).
- 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.

- 6) 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>
- 7) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 8) 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.
- 9) 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.

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Appendix H
ODH Policy Acknowledgement and Acceptance

Cribs for Kids & Safe Sleep Grant
ODH Policy
Acknowledgment and Acceptance
***Drop shipping cribs directly requires partners to submit this form.**

This form must be completed, signed, and returned by the applicant entity. If the applicant entity is applying on behalf of a multi-county service area, a completed and signed form must also be returned for the identified lead entity within each county, if applicable.

By signing and dating this acknowledgment (this “Acknowledgement”),
_____ (“Organization”) confirms it has read, understands, and agrees to be bound by the [Ohio Department of Health \(ODH\) Safe Sleep Policy](#), and that the information contained therein will be shared with each partner site providing education and/or safe sleep environments/cribs. The organization further represents and warrants that the person executing this Acknowledgment on behalf of the Organization (including but not limited to its officers, directors, parents, subsidiaries, affiliates, employees, providers, and agents) has the right, power, legal capacity, and appropriate authority to execute on behalf of such parties for which he/she signs.

IN WITNESS WHEREOF, Organization has duly executed this Acknowledgment by its authorized representative on the date set forth below.

(Signature)

(Title)

[illegible]

Appendix I

Infant Safe Sleep Grant Workplan

Infant Safe Sleep Grant Program (CK 23_____) Workplan

Agency Name: _____

GMIS# _____

October 1, 2022–September 30, 2023

Objective 1: Ensure infants have a safe sleep environment by providing identification & education of safe sleep environment; distribute; and follow-up on education, tools, and resources provided to family.

Deliverables (written as SMART objectives)	Activity	Timeline # of family served	Benchmarks & Evaluation Measures	Staff Person	Partners
	Identification & Education				
	Distribute - List by county if serving multiple counties.				
	Follow-up				
	If previous funded, please provide # of ODH Cribs on Hand.				

Appendix J

Infant Safe Sleep County Rankings Top Quartile

Infant Safe Sleep County Risk Ranking – Top Quartile*

Allen
Ashland
Athens
Butler
Clinton
Coshocton
Cuyahoga
Darke
Fairfield
Franklin
Guernsey
Hamilton
Jefferson
Lucas
Mahoning
Montgomery
Muskingum
Portage
Scioto
Stark
Summit
Trumbull

**Alphabetical listing of counties ranked in the top quartile, compiled using data sources below:*

Overall rank from an average risk rank determined based on rankings for both 1) the number of Infant Sleep-Related Death Reviews from Ohio Child Fatality Review (CFR) data 2014-2018 and 2) IM Rate 2016-2020 ODH Bureau of Vital Statistics, 2021 Infant Mortality Report

Appendix K
Medicaid Birth Numbers by County

County	Number of Medicaid Births (2020)	25% of Medicaid Births, (2020)
Adams	185	46
Allen	721	180
Ashland	237	59
Ashtabula	649	162
Athens	280	70
Auglaize	217	54
Belmont	75	19
Brown	252	63
Butler	2379	595
Carroll	125	31
Champaign	206	52
Clark	1045	261
Clermont	930	233
Clinton	276	69
Columbiana	590	148
Coshocton	227	57
Crawford	309	77
Cuyahoga	7693	1923
Darke	249	62
Defiance	216	54
Delaware	397	99
Erie	411	103
Fairfield	784	196
Fayette	201	50
Franklin	9653	2413
Fulton	216	54
Gallia	187	47
Geauga	186	47
Greene	685	171
Guernsey	256	64
Hamilton	5580	1395
Hancock	339	85
Hardin	212	53
Harrison	58	15
Henry	121	30
Highland	298	75
Hocking	199	50
Holmes	121	30
Huron	348	87

Jackson	228	57
Jefferson	191	48
Knox	304	76
Lake	825	206
Lawrence	12	3
Licking	913	228
Logan	251	63
Lorain	1744	436
Lucas	3405	851
Madison	212	53
Mahoning	1518	380
Marion	480	120
Medina	466	117
Meigs	112	28
Mercer	167	42
Miami	547	137
Monroe	45	11
Montgomery	3754	939
Morgan	95	24
Morrow	175	44
Muskingum	671	168
Noble	70	18
Ottawa	137	34
Paulding	102	26
Perry	275	69
Pickaway	289	72
Pike	241	60
Portage	602	151
Preble	208	52
Putnam	109	27
Richland	807	202
Ross	508	127
Sandusky	354	89
Scioto	487	122
Seneca	348	87
Shelby	264	66
Stark	2235	559
Summit	2988	747
Trumbull	1252	313
Tuscarawas	577	144
Union	179	45
Van Wert	129	32
Vinton	72	18

Warren	761	190
Washington	249	62
Wayne	456	114
Williams	212	53
Wood	464	116
Wyandot	98	25

* Medicaid births defined by Medicaid listed as payor on the birth certificate

Source: Ohio Department of Health Bureau of Vital Statistics, 2020

Appendix L

Fire Departments Located in Ohio Equity Institute (OEI) Counties

County	Fire Departments	10% Fire Department Recruitment
Butler	41	4
Cuyahoga	102	10
Franklin	70	7
Hamilton	97	9
Lorain	27	2
Lucas	41	4
Mahoning	34	3
Montgomery	55	5
Stark	47	4
Summit	51	5