



MEMORANDUM

Date: April 12, 2019

To: Subrecipient agencies

From: Anna Starr, Acting Bureau Chief
Maternal, Child & Family Health
Ohio Department of Health

Subject: Subrecipient Notice of Availability of Funds – Continuation Grant Application
Moms and Babies First: Ohio's Black Infant Vitality Program (MB20)

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., May 20, 2019. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. 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/wps/portal/gov/odh/about-us/funding-opportunities/resources/sfy-17-competitive-solicitation-proposals>). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Kira Bryant at 614-728-9120 or e-mail at Kira.Bryant@odh.ohio.gov.

Table of Contents

I. <u>CONTINUATION FUNDING APPLICATION GUIDANCE</u>	
A. Policy and Procedure	2
B. Number of Grants and Funds Available	2
C. Formatting Requirement for Attachments	3
D. Qualified Applicants	3
II. <u>PROGRAM UPDATES</u>	
A. Program Progress Report	4
B. Program Narrative	4
C. Objectives and Work Plans	4
D. Documentation & Progress on Health Disparity/Inequity Activities.....	5
E. Program Budget.....	6
F. Other Application Requirements	8
G. Human Trafficking	9
H. Post Submission Requirements	9
III. <u>APPENDICES</u>	
A. Continuation Solicitation Reimbursement Type Form	
B. B1. Deliverable Description – Not Applicable	
C. Health Equity Update Template	
D. Required Updated Program Documents:	
Attachment A: Moms & Babies First Quarterly Program Report Form	
Attachment B: Plan, Do, Study, Act Cycle Worksheet (PDSA)	
Attachment C: SFY20 Moms & Babies First Project Allocation Table	

I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding Base and Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three 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 GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [enter beginning and ending grant dates] of the total project period, [enter beginning and ending grant dates]. Reference the competitive Solicitation for more information.

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

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

B. Number of Grants and Funds Available: [Approximately \$2,246,500.00 will be available to fund up to 13 projects in ODH identified at-risk communities. Only projects previously funded will be considered in this continuation grant cycle. The amount awarded to each successful applicant will depend on the funds available and the number of families proposed to be served. Each successful applicant's allocation will be 100% base reimbursement. Refer to Attachment B for project funding amounts. No more than one agency per county will be awarded funding for this program. Applicants choosing to implement the M&BF Program will be funded at \$2,000.00 per family. Each M&BF Local Implementing Agency (LIA) is expected to maintain a minimum 85% capacity for the duration of the grant cycle.

Funds provided to an eligible entity receiving a grant shall supplement and not supplant, funds from other sources for early childhood home visiting programs and

initiatives. |

SERVICE AREA	ESTIMATED CAPACITY TO BE SERVED
ALLEN	90
BUTLER	77
CLARK	65
CUYAHOGA	130
FRANKLIN	129
HAMILTON	90
LORAIN	67
LUCAS	113
MONTGOMERY	111
RICHLAND	94
STARK	74
SUMMIT	83
TRUMBULL	83
TOTAL	1,206

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.

A. Formatting Requirements for Attachments

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

B. Qualified Applicants

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, May 20, 2019**. |

II. PROGRAM UPDATES:

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 seven & pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Program eligibility shall be limited to low income African American pregnant women, who do not exceed 200% of the federal poverty level, and:

- I. Have experienced a previous poor birth outcome; or
- II. Possess at least one of the social determinants of health (SDOH) risk factors, as defined by the Centers for Disease Control Risk factors that may include, but is not limited to:
 - Under age twenty-five;
 - First time pregnancy at age 35 or older;
 - Pregnancy Unplanned;
 - Diagnosed medical condition (diabetes, hypertension, short cervix, etc.);
 - Substance abuse, or demonstrate a need for substance abuse treatment;
 - Users of tobacco products in the home;
 - Unstable housing or homelessness; or
 - Depression or other diagnosed mental health concerns.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. The Program Plan should address the following OIMRI Strategies:

1. Conduct planning efforts:

Develop a plan to address and/or eliminate barriers to early and continuous prenatal care utilizing a life course approach. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, implementing and evaluation all activities, including development of the application and, further, the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

2. Ensure ongoing training:

Hire and train Community Health Workers (CHWs) and supervisors who reflect the cultural and demographic characteristics of the target population. Trainings include, but are not limited to, CHW training and training in a comprehensive curriculum providing appropriate guidance for home visitors and others working with pregnant women and their families as approved by ODH (i.e., Partners for a Healthy Baby

Curriculum, evidence based or promising practice).

3. Provide adequate supervision:

Ensure home visits and client case reviews meet the content and quality of Home Visiting standards and that caseload are maintained. The applicant must assure that adequate supervision is provided to the program.

4. Ensure that standardized care processes are followed:

Provide assurance that ODH approved care processes will be used, e.g. *Partners for a Health Baby* curriculum or other ODH approved interventions and care coordination materials.

5. Ensure ongoing data collection and evaluation:

Provide assurance that the Ohio Comprehensive Home Visiting Integrated Data System (OCHIDS) will be used to collect client data, client outcomes, assess program success and client outcomes.

6. Maintaining an 85% monthly capacity rate:

Provide assurance that the program will maintain 85% client capacity monthly. Ensure the monthly or quarterly submission of the Monthly/Quarterly Progress Report in GMIS. |

D. Documentation & Progress on Health Disparity/Inequity Activities: Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period.

- 1. Continuous Quality Improvement:** Each recipient shall be required to facilitate a Continuous Quality Improvement project to be completed within the grant cycle. This project must focus on one of the 6 programmatic benchmarks, or a process related to implementation at the local level. Subrecipient shall submit the “Plan” and “Do” section of the Plan, Do, Study, Act (PDSA) Cycle worksheet (Attachment B) within 30 days from the start of the grant cycle.
- 2. Community Engagement:** As part of the work plan, complete a statement indicating activities proposed to develop a local constituency to support engagement in evidence-based home visiting. This will include steps to engage local health departments, boards of developmental disability, child welfare, Women Infant and Children (WIC), Federally Qualified Health Centers, birthing hospitals, Medicaid funded Obstetricians and pediatricians, and potential referral sources. Describe timeframes and methods (i.e. memorandum of understanding, presentations and/or other forms of engagement).

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

1. Budget Narrative:

Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/bulletinform.aspx>. Utilize Budget Justification 3: Base Example. |

| 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. 2020 Budget via GMIS: Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period | October 1, 2019 | to | September 30, 2020. | Funds may be used to support personnel, staff training, travel (see OBM website <http://obm.ohio.gov/TravelRule/default.aspx>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds

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

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

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

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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. 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. Please refer to the OGAPP manual for additional information.

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.10 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

Attachment A: Moms & Babies First Quarterly Program Report Form

Attachment B: Attachment B: Plan, Do, Study, Act Cycle Worksheet (PDSA)

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For

information about the DUNS, go to www.dnb.com. 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.)

- **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:

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 Moms and Babies First Program)

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

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

Reports shall be submitted as follows:

- a. **Program Reports:** 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.

☒ **X** Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
October 1, 2019 to December 31, 2019	January 15, 2020
January 1, 2020 to March 31, 2020	April 15, 2020
April 1, 2020 to June 30, 2020	July 15, 2020
July 1, 2020 to September 30, 2020	October 15, 2020.

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2019</i>	<i>November 10, 2019</i>
<i>November 1 -30, 2019</i>	<i>December 10, 2019</i>
<i>December 1-31, 2019</i>	<i>January 10, 2020</i>
<i>January 1-31, 2020</i>	<i>February 10, 2020</i>
<i>February 1-29, 2020</i>	<i>March 10, 2020</i>
<i>March 1-31, 2020</i>	<i>April 10, 2020</i>
<i>April 1-30, 2020</i>	<i>May 10, 2020</i>
<i>May 1-31, 2020</i>	<i>June 10, 2020</i>
<i>June 1-30, 2020</i>	<i>July 10, 2020</i>
<i>July 1-31, 2020</i>	<i>August 10, 2020</i>
<i>August 1-31, 2020</i>	<i>September 10, 2020</i>
<i>September 1-30, 2020</i>	<i>October 10, 2020</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1-December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1-March 30, 2020</i>	<i>April 10, 2020</i>
<i>April 1-June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1-September 30, 2020</i>	<i>October 10, 2020</i>

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 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 5th 2020. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A.** Continuation Solicitation Reimbursement Type Form
- B.** B1 Deliverable – Objective Descriptions (if applicable)
- C.** Health Equity Update Template
- D.** Other Program Documents:
 - Attachment A: Moms & Babies First Quarterly Program Report Form
 - Attachment B: Plan, Do, Study, Act Cycle Worksheet (PDSA)
 - Attachment C: SFY20 Moms & Babies First Project Allocation Table



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

Appendix A

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Submission
Required

Ohio Department of Health
Office of Health Improvement and Wellness
Bureau of Maternal, Child and Family Health

See due date below

ODH Program Title:

[Moms and Babies First Program]

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

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by **April 23, 2019**

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

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario#:

☐ **Base and Deliverables**

☐ **Deliverables Only**

Deliverable – Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Appendix C

County: Your County

Budget Period:

GMISID:

Agency Name:

Subgrant Program:

Geography Type	Specify Geography or Location	Data Source
Census Tract (FIPS Code)		

Attachment - A
FY20 Moms & Babies First
Monthly/Quarterly Progress Report

County:	Project #:
City:	Agency:
Reporting Month/Quarter:	Date of Submission:

Total Strategy Funding Requested: \$ _____

Strategy:

Deliverable(s)	Progress on Activities to Achieve Deliverables	Timeframe	Person Responsible	Barrier(s)/ Challenge(s) to Achieving Deliverable Y-Yes N-No	Deliverable Reimbursement Requested (reporting month only)
	Completed, In Progress, No Progress				

List the deliverable and briefly explain barriers/challenges that could impact the successful completion.

Plan/Resolution:

☐ **Attachments:**

Submitted by:	Email address:
----------------------	-----------------------

**ODH use only	Reviewed by:
-----------------------	---------------------

	Recommended Changes to Program:
	<input type="checkbox"/> None <input type="checkbox"/> Deliverable <input type="checkbox"/> Activity <input type="checkbox"/> Timeframe <input type="checkbox"/> Person Responsible <input type="checkbox"/> Budget Revision <input type="checkbox"/> Program Plan
	Explanation:

Attachment: B
SFY20 Moms & Babies First PDSA Cycle Worksheet

PDSA Cycle Worksheet	
Project Title: _____ Project Team: _____ Cycle: _____ Date: _____	
PLAN (Aim): Describe the objective, list questions, make predictions about the changes, and specify how to carry out the cycle (who, what, where, when, and how results measured).	
<u>Objectives for this cycle (Why):</u> <u>Questions:</u> <u>Predictions:</u> <u>Plan for change or test: what, who, when, tasks:</u> <u>Plan for collection of data: what, who, when, tasks:</u>	
DO (Intervention): Carry out the plan, observe impact, document problems, collect data, and gather informal feedback. Begin to analyze these data.	
<u>Observations:</u> <u>Problems/Successes:</u> <u>Feedback:</u>	
STUDY (Measures): Use data from the intervention (test of change) to interpret results and compare them to predictions (plan). Summarize and communicate the findings.	
<u>Results:</u> <u>Predictions vs. Results:</u> <u>Summarize findings:</u>	
ACT: Based on analyses, decide if more changes or other PDSAs are needed. If the desired results were achieved, consider testing the intervention on a larger scale.	

Attachment - C
State Fiscal Year 2020
Moms and Babies First Project Allocation Table

Agency Name	Award Amount
Allen County Health Department	\$ 180,000.00
Butler County Health Department	\$ 154,000.00
Clark County Combined Health District	\$ 130,000.00
NorthEast Ohio Neighborhood Health Services	\$ 260,000.00
Columbus City Health Department	\$ 258,500.00
Healthy Moms & Babies, Inc	\$ 180,000.00
Lorain County General Health District	\$ 134,000.00
Neighborhood Health Association of Toledo, Inc	\$ 226,000.00
Public Health-Dayton & Montgomery County	\$ 222,000.00
Community Health Access Project (CHAP) HUB, Inc	\$ 188,000.00
Stark County Health Department	\$ 148,000.00
Summit County General Health District	\$ 166,000.00
Total	\$2,246,500.00