



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

MEMORANDUM

Date: 4/20/2020

To: Prospective Applicants for the Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Competitive Solicitation

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

Subject: Notice of Availability of Funds –October 1, 2020 – September 30, 2021

The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of grant funds to support the Ohio Healthy Programs (OHP) Technical Assistance for Child Care Centers and Public Preschools Program. The OHP is part of a larger effort within the Early Childhood Obesity Prevention Program (ECOPP) which is a coordinated and comprehensive approach involving families, early childhood education professionals, health professionals, and community organizations working together with consistent messaging and strategies to ensure a sound foundation for health in the future.

The OHP Technical Assistance for Child Care Centers and Public Preschools Program expands the technical assistance component of OHP to assist Centers and Preschools to receive the training they need to make policy and environmental changes that will lead to OHP designation through Step Up to Quality and that ultimately will improve the health and wellbeing of children and families they serve.

To obtain a grant application packet:

1. Go to the ODH website at www.odh.ohio.gov;
 2. From the home page click on "Grant/Contract"
 3. From the next page click on "ODH Grants;"
 4. Next click on "Grant Request for Proposals", this will give you a pull-down menu with current RFPs by name;
 5. Select and highlight the Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Competitive Solicitation and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.
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All interested parties must submit a Notice of Intent to Apply for Funding by email to Ann.Connelly@odh.ohio.gov (Appendix A in the solicitation), no later than 4:00 pm Tuesday May 12, 2020, to be eligible for these funds.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference/webinar on Wednesday, May 6, 2020 from 1:00 p.m. to 2:00 p.m. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation. Call-in information: 855.405.1648, Meeting ID # 28662.

All applications and attachments are due by 4:00 p.m. on Monday, June 8, 2020 for the competitive cycle. Electronic applications received after Monday, June 8, 2020 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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 Tuesday May 12, 2020 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 Ann Connelly, by phone at (614) 728-0386, or by email at Ann.Connelly@odh.ohio.gov.

246 North High Street

Columbus, Ohio 43215



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools

Competitive Solicitation

BUREAU OF
Maternal, Child and Family Health
Childhood Health Program
Solicitation
FOR
FISCAL YEAR 2021
10/01/20 – 9/30/21
Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 12/02/2019
For grant starts 10/1/2019 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 May 12, 2020 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 Procedure:** 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: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) 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-manual>

Please refer to Policy and Procedure updates 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 examples 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 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. Application Name: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools

C. Purpose:

The Ohio Department of Health (ODH) Early Childhood Health program houses the Ohio Healthy Programs (OHP) within the Early Childhood Obesity Prevention Program (ECOPP).

Data collected through the National Health and Nutrition Examination Survey (NHANES), and PeDNESS have clearly indicated that there is a pattern emerging in the U.S. that children are gaining weight at younger ages than ever before and maintaining that weight into kindergarten. Results of the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development indicated that children that are overweight at the age of 2, 3 and or 4.5 years old will continue to gain weight and be overweight by the time they reach adolescence and have five times higher odds of becoming obese adults compared to normal weight children.

Obesity costs Ohio nearly \$60 billion annually in health care costs and lost productivity. Age birth to five is a critical window for building healthy eating, physical activity, and screen time habits to support healthy growth trajectories throughout childhood, the need for early interventions has never been more important.

OHP addresses early childhood obesity by providing training and technical assistance to ECE providers around healthy foods, active play, parent engagement and the importance of program policies to create a healthy environment. ODH coordinates and funds this work in collaboration with key organizations in the state.

The target population in Ohio for obesity prevention is children from birth to age 5 years and the families whose children are cared for by ODJFS Centers and/or ODE Licensed Public Preschool providers.

The overall goal of OHP is to deliver consistent messaging to adults who care for children age 0-5 years (early childhood education [ECE] professionals) to prevent obesity in young children and reduce risk of physical and mental health problems in childhood and adulthood. This is done through modifying these three behaviors: healthy eating, physical activity and screen time.

OHP seeks to achieve the following primary outcomes among ECE professionals in ODJFS Centers and/or ODE Licensed Public Preschools:

- Learn principles to support healthy behaviors in early childhood and strategies to implement practice changes in ECE and health care settings.
- Provide young children access to a healthy eating environment, adequate time for physical activity, and limited screen time in ECE settings
- Engage parents/guardians in goal setting, education, and activities to encourage behavior

change in the home environment

To receive OHP designation, ECE providers must:

- Attend a series of training sessions
- Adopt a menu that meets OHP standards
- Make a policy change that supports healthy eating or physical activity
- Provide a family engagement activity each year
- Submit the designation application for approval

D. Qualified Applicants: All applicants must be a local public or non-profit agency with experience working in the early care and education system in Ohio. 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).

- Childcare Resource and Referral Agencies in Ohio as described by ORC 5104.01(M)
- Local Health Districts as described by ORC 3709.01
- State Support Teams as described by ORC 3312.01A

*Other 501c3 organizations with demonstrated expertise in working in the Ohio early childhood care and education system

*Collaborations among entities is encouraged, but a lead entity must be identified

Applicant must describe knowledge/experience in or of:

- Nutrition and Physical Activity research and evidenced based programming
- Maternal and Child Health
- Urban / Rural communities
- Child Care Rules and SUTQ requirements
- Familiar with OHP and designation process

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

- Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
- Applicant has not been certified to the Attorney General's (AG's) office.
- Applicant has submitted application and all required attachments by **4:00 p.m. on Monday June 8, 2020.**

Service Area: For the purposes of this grant, the state has been divided into 12 regions. *Priority will be given to the following regions which indicate high need: Regions 2, 10, 11, and 12.* Applicants must be able to provide services to an entire region. Applicants may apply for one or more regions. Only one applicant will be funded per region. Please see map in Appendix I.

E. Number of Grants and Funds Available: Funding for this work is made available from the federal Maternal Child Health Block Grant. Up to four grants may be awarded for a total amount of \$300,000.00. Eligible agencies may apply for \$75,000.00 per region as identified by the map in Appendix I.

Only one applicant per region will be awarded funding for this program. Agencies may subcontract with other agencies to provide services. However, only one entity per region may be identified as the applicant agency.

Two or more entities may collaborate on an application to provide services.

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.

- F. 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 8, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact Ann Connelly at Ann.Connelly@ODH.ohio.gov or at 614-728-0386 with any questions.

- G. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.994*.

H. Goals:

The goal of this grant program is to prevent obesity by creating change in the environment of children in Ohio early childhood settings to promote healthy eating, active living, and limit screen time. These environmental changes will be evidenced by the number of OHP designated ODJFS centers and ODE licensed public preschools.

The population of focus is children and families of different racial, ethnic, and geographical areas that are disproportionately affected by poor health outcomes, highest need, that seek childcare services at an ODJFS center or ODE public preschool.

It is the expectation that onsite TA visits and related activities will lead to OHP designation and/or re-designation of ODJFS centers and ODE licensed public preschools by supporting providers in accomplishing the following objectives:

- Increase adoption of healthy eating as documented by submission of menu reflecting OHP requirements
- Increase healthy activity and decrease screen time as documented by adoption of policies reflecting OHP requirements published in program handbooks
- Increase parent engagement as documented in the OHP application process
- Increase in knowledge of healthy eating and active living principles as documented by the completion of OHP trainings by ECE staff

Strategies, deliverables, and activities will be used to measure progress toward achieving program goals. Reimbursement will be made based on progress toward, and achievement of, units of deliverables that include outcome measures as well as outputs.

- I. Program Period and Budget Period:** The program period will begin October 1, 2020 and end on September 30, 2022. The budget period for this application is October 1, 2020 through September 30, 2021.

Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. This grant program will address PHAB standards 4.1:

Engage with the public health system and the community in identifying and addressing health problems through collaborative processes, 4.2: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness and 10.2 :Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences. The PHAB standards are available at the following website:

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

- J. 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.

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:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, disability status, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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 health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and

include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.

- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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, 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, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

K. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but

are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

L. 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 Not Applicable

M. 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.**

N. Programmatic, Technical Assistance and Authorization for Internet Submission: Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please Contact Ann Connelly at Ann.Connelly@ODH.ohio.gov or at 614-728-0386 with any questions regarding this solicitation.

O. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

P. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday June 8, 2020 at 4:00.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

Q. 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.

R. 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.

S. 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. Contributes to the advancement and/or improvement of the health of Ohioans;
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;
7. Provides an evaluation plan, including a design for determining program success;
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.

V. 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 Services.

W. 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, Early Childhood Health Program and as a sub-award of a grant issued by the Ohio Department of Health under the Maternal and Child Health Block grant, grant award number 6 B04MC338600102 , and CFDA number 93.994.”

- X. 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:

Reports: Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates.

Program Reports:

- Monthly Report
- Grantee Training Report
- TA Activity Report
- Site Visit Report

Program reports that do not include required attachments (non-Internet submitted) will not be approved. All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 30, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 31, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 29, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 26, 2021</i>
<i>February 1 – 28 or 29, 2021</i>	<i>March 31, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 30, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 28, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 30, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 30, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 31, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 30, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 29, 2021</i>

- a. 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:

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</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.

- b. 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, 2021**. 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.

- Y. 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.

Z. 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;

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

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

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

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

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's

Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 20 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 Work Plan

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, 2020 to September 30, 2021.

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: (2 page maximum)

- Identify the service area and describe the need for early childhood obesity prevention in the service area
- Describe the demographic characteristics of the target population in the service area, including number of early childhood education centers and public pre-school programs and approximate number of children served by the programs
- Describe the plan for identifying and recruiting early childhood education center and public preschool program providers to participate in the program
- Describe the plan for providing technical assistance to providers

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

- Briefly discuss the applicant agency's eligibility to apply.
- Summarize the agency's structure andqualifications as it relates to successful implementation of this program in the service area.
- If applying as the lead agency of a collaborative, explain how the agency will oversee program activities.
- Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner 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.

3. Problem/Need:

- Identify and describe the local health status concern(s) that will be addressed by the program. Only restate 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 health status (e.g., morbidity and/or mortality, such as overweight and obesity status of young children in the service area and adults with obesity-related disease burden) or health system (e.g., accessibility, availability, affordability, appropriateness of early childhood obesity prevention and/or healthy eating active living services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. [for reference: https://odh.ohio.gov/wps/wcm/connect/gov/3e5bd040-c147-4dcd-a411-6d772d86d92a/2016+Early+Childhood+Data+Brief.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-3e5bd040-c147-4dcd-a411-6d772d86d92a-ml38Z.w]

- 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 overweight and obesity.
 - Include a description of other agencies/organizations, in your area, also addressing this problem/need.
4. **Methodology:** In narrative form, identify how you will set goals and evaluate progress to accomplish the program deliverable outlines in Appendix C 1 for one year of the program. This should include at least one objective and one activity for outreach, site recruitment and retention, technical assistance provision, support to obtain OHP designation, as well as internal activities including staff training and reporting. Objectives and activities should be SMART (specific, measurable, attainable, realistic, time-based). Indicate how objectives and activities will be evaluated and who will be responsible.
- Describe how you will reach providers to implement program activities throughout the service area.
 - Describe how program activities are designed to reach disparate populations who experience the greatest need based on health inequities identified
 - Explain how priority populations will be involved in the decision-making process with regards to activities that are designed to reduce health inequities.
 - Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.
 - Indicate what type of activities you can implement that will help build sustainability into the project.
- 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 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.)

- G. **Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before June 8, 2020.**

A minimum of an original and the indicated number of copies of non-Internet attachments are required.

APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Form
- C. C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Monthly Report
- F. Grantee Training Report
- G. TA Activity Report
- H. Site Visit Report
- I. Region map
- J. Work Plan
- K. Budget Justification examples
- L. Deliverable Payment Schedule

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Maternal, Child and Family Health

ODH Program Title: _____

Submission Required

See Due Date Below

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

Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools

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
☐ City Agency

- ☐ Hospital
☐ Higher Education

- ☐ Local Schools
☐ 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 Ann.Connelly@odh.ohio.gov BY May 5, 2020

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

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

GMIS 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: ☐ New Agency – Needs GMIS Access

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

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: _____

☐ Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

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

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

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

Email Notifications: ☐ Yes ☐ No

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

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

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

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

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

Appendix C1: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools

Budget Period: Oct. 1, 2020-Sept. 29, 2021

of Deliverables: 9

Use Budget Justification Scenario#:

x Deliverables Only

Deliverable – Objective 1: Staff Training

Submit verification that a minimum of two identified staff have completed online training for Ohio Healthy Programs training sessions 1-3 (Healthy Habits parts A-D, Healthy Menus, and Healthy Policy). Only staff who have completed training may perform technical assistance (TA) deliverables. (\$600/year)

Deliverable – Objective 2: ODH OHP Orientation

Participate in a training call with ODH staff for OHP orientation. Only staff who complete orientation may perform TA deliverables. (\$200/year)

Deliverable – Objective 3: Monthly Reporting

Submit monthly outcome measure reports prior to monthly conference calls with ODH which include a) number of ODJFS Center and/or ODE Licensed Public Preschool providers reached with TA site visits, specifying which TA site visit; b) number of children, specifying 0-5 years and school agers, in the care of providers participating in OHP TA site visits; c) number of parents with children in service per provider participating in OHP TA site visits; and d) list of counties where participants are located. The report must be submitted on approved template. May be billed monthly, \$200 per report (\$2,400/year)

Deliverable – Objective 4: Monthly Meeting or Conference Call

Participate in monthly meeting conference calls with ODH to review monthly data reports and other business. Due by last day of each month. May be billed monthly, \$200 per meeting (\$2,400/year)

Deliverable – Objective 5: In-Person OHP Technical Assistance Site Visits

5a. Site Visit # 1 for prospective OHP sites

By the end of year 1, 35 ODJFS Centers and/or ODE Licensed Public Preschool providers (who have not yet achieved OHP designation) will receive in-person OHP TA site visit 1 (according to site visit format prescribed by ODH), documented on tracking spreadsheet. The ECE Nutrition and Physical Activity Self-Assessment will be discussed or completed. TA site visit 1 will occur prior to center participating in online OHP training. May be billed monthly, \$400 per TA site visit. (\$14,000/year)

5b. Site Visit 2 for prospective OHP sites

Provide tracking spreadsheet indicating up to 35 ODJFS Centers and/or ODE Licensed Public Preschool providers (who have not yet achieved OHP designation) received in-person OHP TA site visit 2 (according to site visit format prescribed by ODH). TA site visit 2 will occur after the ECE Nutrition

and Physical Activity Self-Assessment and at least 1 online training session have been completed. May be billed monthly, \$400 per TA site visit. (\$14,000/year)

5c. Site Visit 3 for prospective OHP sites

Provide tracking spreadsheet indicating up to 35 ODJFS Centers and/or ODE Licensed Public Preschool providers (who have not yet achieved OHP designation) received in-person OHP TA site visit 3 (according to site visit format prescribed by ODH). The application process for applying for OHP designation will be discussed. TA site visit 3 will occur after all online training sessions have been completed. May be billed monthly, \$400 per TA site visit. (\$14,000/year)

Deliverable – Objective 6: Sites Achieve New OHP Designation

Provide tracking spreadsheet indicating up to 35 ODJFS Centers and/or ODE Licensed Public Preschool providers (who have not yet achieved OHP designation) receive New OHP Designation by completing an application on the Ohio Professional Registry and being approved. May be billed monthly, \$400 per new designation. (\$14,000/year)

Deliverable – Objective 7: In-Person OHP Technical Assistance Site Visit for Re-Designation or Mid-Designation Check-In for OHP Sites Designated in Previous Years

Provide tracking spreadsheet indicating up to 14 ODJFS Center and/or ODE Licensed Public Preschool providers (who have achieved OHP Designation in previous years) received OHP Re-Designation TA or Mid-Designation Check-In site visit. The Re-Designation TA site visit will focus on Re-Designation requirements including 1) Training for new staff (Staff do not need to re-take training, but at least one teacher from each age groups must have attended Session 1 Training, the cook must have attended Session 2 Training, and the administrator must have attended Session 3 training); 2) the program must submit a current menu that demonstrates adherence to OHP Standards, one new healthy policy, one new healthy family engagement activity and one new success story; and 3) the provider must complete the ECE Nutrition and Physical Activity Self-Assessment. The Mid-Designation Check-In site visit will focus on completing the ECE Nutrition and Physical Activity Self-Assessment and completion of an OHP-identified training. May be billed monthly, \$400 per TA site visit. (\$5,600/year) *If service area does not have sufficient OHP sites for re-designation, funds for this deliverable may be used for new TA site visits.

Deliverable – Objective 8: Sites Achieve OHP Re-Designation

Provide tracking spreadsheet indicating up to 13 ODJFS Centers and/or ODE Licensed Public Preschool providers (who have previously achieved OHP designation) receive OHP Re-Designation by completing an application on the Ohio Professional Registry and being approved. May be billed monthly, \$400 per re-designation. (\$5,200/year) *If service area does not have sufficient OHP sites for re-designation, funds for this deliverable may be used for new TA site visits.

Deliverable – Objective 9: Annual Report

Submit an annual summary report including, at a minimum: number of ODJFS Centers and/or ODE Licensed Public Preschool providers that completed all 3 TA visits and achieved OHP Designation; number of ODJFS Centers and/or ODE Licensed Public Preschool providers that completed Re-Designation or Mid-Designation Check-In TA visit and achieved OHP Re-Designation county

distribution of providers; number of children, 0-5 years and school agers, impacted; number of parents impacted; collection of trained providers' menu changes and policy changes, and summary of major successes and challenges. (\$2,600/year)

*Grantees will not receive funding to provide Ohio Healthy Programs training to providers.

Appendix C2

Form# OFA-012

Name of Subgrant Program: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools

Budget Period: 10/1/2020 - 9/30/2021

of Deliverables: 12

Use Budget Justification Scenario #: 1

☐ Base Only☐ Base and Deliverables☒ X Deliverables Only

Agency	Base	Deliverable - Objective 1 (Staff Training)	Deliverable - Objective 2 (Staff Orientation)	Deliverable - Objective 3 (Monthly Meetings)	Deliverable - Objective 4 (Monthly Reporting)	Deliverable - Objective 5A, 5B, and 5C (TA Visits)	Deliverable - Objective 6 (New OHP Designation)	Deliverable - Objective 7 (Re-designation or Mid-Designation Check-In TA Visit)	Deliverable - Objective 8 (Name of Deliverable)	Deliverable - Objective 9 (Annual Report)	Total
Name of Subrecipient or County or Region	N/A	\$ 600 \$	200 \$	2,400 \$	2,400 \$	42,000 \$	14,000 \$	5,600 \$	5,200 \$	2600 \$	75,000
Name of Subrecipient or County or Region	N/A	\$ 600 \$	200 \$	2,400 \$	2,400 \$	42,000 \$	14,000 \$	5,600 \$	5,200 \$	2600 \$	75,000
Name of Subrecipient or County or Region	N/A	\$ 600 \$	200 \$	2,400 \$	2,400 \$	42,000 \$	14,000 \$	5,600 \$	5,200 \$	2600 \$	75,000
Total		\$ 2,400 \$	800 \$	9,600 \$	9,600 \$	168,000 \$	56,000 \$	22,400 \$	20,800 \$	10,400 \$	300,000

Appendix D: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Application Review Form

Requirements	Possible Points	Score
1. Service region(s) identified.	5	
2. For agency not a local health district-Public Health Impact Statement: <ul style="list-style-type: none"> a. Public health impact statement summary provided to local health department. b. Letter of support from local health district. 	5	
3. Evidence of Health Equity Strategies. Submit documentation that will: <ul style="list-style-type: none"> a. Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. b. Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused. c. Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data. d. Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities. e. Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative. f. The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific. 	10	
4. Provide a workplan with strategies and timeline for completion of deliverables.	15	

5. Budget and budget justification narrative outlining how the deliverables will be met. Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2020 to September 30, 2021.	15	
<p>6. Project narrative: <i>Executive Summary</i> (2 page maximum)</p> <p>a. Identify the service area and describe the need for early childhood obesity prevention in the service area.</p> <p>b. Describe the demographic characteristics of the target population in the service area, including number of early childhood education centers and public pre-school programs and approximate number of children served by the programs.</p> <p>c. Describe the plan for identifying and recruiting early childhood education center and public preschool program providers to participate in the program.</p> <p>d. Describe the plan for providing technical assistance to providers.</p>	10	
<p>7. Project narrative: <i>Description of Applicant Agency/Documentation of Eligibility/Personnel</i> (2 page maximum)</p> <p>a. Briefly discuss the applicant agency's eligibility to apply.</p> <p>b. Summarize the agency's structure and qualifications as it relates to successful implementation of this program in the service area.</p> <p>c. If applying as the lead agency of a collaborative, explain how the agency will oversee program activities.</p> <p>d. Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner 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.</p>	10	
<p>8. Project narrative: <i>Problem/Need</i> (2 page maximum)</p> <p>a. Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data are not available. The specific health status concerns that the programs intends to address may be stated in terms of health status (e.g., morbidity and/or mortality, such as overweight and obesity status of young children in the service area and adults with obesity-related disease burden) or health system (e.g., accessibility, availability, affordability, appropriateness of early childhood obesity prevention and/or healthy eating active living services) indicators. The indicators should be measurable in order to serve as baseline data</p>	15	

<p>upon which the evaluation will be based. Clearly identify the target population.</p> <p>b. 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 overweight and obesity.</p> <p>c. Include a description of other agencies/organizations, in your area, also addressing this problem/need.</p>		
<p>9. Project narrative: <i>Methodology</i> (4 page maximum)</p> <p>a. In narrative form, identify how you will set goals and evaluate progress to accomplish the program deliverable outlined in Appendix for one year of the program. This should include at least one objective and one activity for outreach, site recruitment and retention, technical assistance provision, support to obtain OHP designation, as well as internal activities including staff training and reporting. Objectives and activities should be SMART (specific, measurable, attainable, realistic, time-based). Indicate how objectives and activities will be evaluated and who will be responsible.</p> <p>b. Describe how you will reach providers to implement program activities throughout the service area.</p> <p>c. Describe how program activities are designed to reach disparate populations who experience the greatest need based on health inequities identified</p> <p>d. Explain how priority populations will be involved in the decision-making process with regards to activities that are designed to reduce health inequities.</p> <p>e. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.</p> <p>f. Plan for sustainability of work if continued funding is not available.</p>	15	
TOTAL	100	

Appendix E: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Monthly Report

GRANTEE: _____ _____	REPORT MONTH: _____														
SUBMITTED BY: _____	SUBMISSION DATE: _____														
	TOTAL	Verification submitted? (if applicable)	October	November	December	January	February	March	April	May	June	July	August	September	
Employees complete OHP training Session 1	0		0	0	0	0	0	0	0	0	0	0	0	0	
Employees complete OHP training Session 2	0		0	0	0	0	0	0	0	0	0	0	0	0	
Employees complete OHP training Session 3	0		0	0	0	0	0	0	0	0	0	0	0	0	
Participated in ODH OHP orientation call	0		0	0	0	0	0	0	0	0	0	0	0	0	
TA Visit #1	0		0	0	0	0	0	0	0	0	0	0	0	0	
TA Visit #2	0		0	0	0	0	0	0	0	0	0	0	0	0	
TA Visit #3	0		0	0	0	0	0	0	0	0	0	0	0	0	
New OHP Sites Designated	0		0	0	0	0	0	0	0	0	0	0	0	0	
TA Visit Mid-Designation or Re-Designation	0		0	0	0	0	0	0	0	0	0	0	0	0	
OHP Sites Re-Designated	0		0	0	0	0	0	0	0	0	0	0	0	0	
Monthly meeting	0		0	0	0	0	0	0	0	0	0	0	0	0	
Monthly Report Submitted	0		0	0	0	0	0	0	0	0	0	0	0	0	
# of of ODJFS Center and/or ODE Licensed Public Preschool providers reached with TA site visits (specify which TA visit)	0														
# of children	0														
			10/1/2020	11/1/2020	12/1/2020	1/1/2021	2/1/2021	3/1/2021	4/1/2021	5/1/2021	6/1/2021	7/1/2021	8/1/2021	9/1/2021	
			10/31/2020	11/30/2020	12/31/2020	1/31/2021	2/28/2021	3/31/2021	4/30/2021	5/31/2021	6/30/2021	7/31/2021	8/31/2021	9/30/2021	

Appendix F: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Grantee Training Report

Appendix F

Training and Reporting Tracking Form

Sub Recipient:			
Task	Date Completed	Date Billed	Names/Notes
OHP Training Session 1			
OHP Training Session 2			
OHP Training Session 3			
ODH OHP Orientation			
Monthly Meeting 1			
Monthly Meeting 2			
Monthly Meeting 3			
Monthly Meeting 4			
Monthly Meeting 5			
Monthly Meeting 6			
Monthly Meeting 7			
Monthly Meeting 8			
Monthly Meeting 9			
Monthly Meeting 10			
Monthly Meeting 11			
Monthly Meeting 12			
Monthly Report 1			
Monthly Report 2			
Monthly Report 3			
Monthly Report 4			
Monthly Report 5			
Monthly Report 6			
Monthly Report 7			
Monthly Report 8			
Monthly Report 9			
Monthly Report 10			
Monthly Report 11			
Monthly Report 12			
Annual Report			

Appendix G: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Technical Assistance Activity Report

[illegible]

Appendix H: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Technical Assistance Visit Report



Ohio Healthy Program Technical Assistance Check List

1. Recruitment and preparation:

- ☐ Verify the type of childcare center food license program holds
- ☐ Provide program with information about completing the ECE Self-Assessment Tool
- ☐ Create folder and insert Master Check List with Enrollment Form*. Insert the following:
 - Communication Log
 - Visit 1 Notes
 - Goal Sheet Action Plan
 - OHP 1 Pager
 - Information about the ECE Self-Assessment Tool (paper version if needed)
- ☐ Complete program tracking procedure
- ☐ Gather and record resources to be brought to center/public preschool

2. Visit 1 (Date: _____ Time: _____)

- ☐ Collect current policy/parent handbook and 2 weeks of menus
- ☐ Complete Goal Sheet Action Plan and Visit 1 Notes
- ☐ Disseminate ECE assessment tool/ share link; assist program with completion
- ☐ List food vendors: _____
- ☐ Additional Resources: _____
- ☐ Schedule Visit 2 (Record date and time below)

3. ECE program homework for Visit 2

- ☐ Complete online OHP training Session 1
- ☐ Review policy book and identify policy to be updated
- ☐ Complete program tracking procedure
- ☐ HCHW homework (Evaluation and data entry)
- ☐ Ensure that information is updated in OHP Database

4. Visit 2 (Date: _____ Time: _____)

- ☐ Record which online OHP course(s) have been taken and by whom

-
- ☐ Review suggested policies and menus
 - ☐ Check that director has Director Access on OCCRRA's system
 - ☐ Schedule Visit 3 (Record date and time below)



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5. ECE program homework for Visit 3

- Complete live webinars OHP training Sessions 2 and 3

6. Visit 3 (Date: _____ Time: _____)

- Record which online OHP course(s) have been taken and by whom

-
- Collect Post Menus that meet OHP criteria
 - Collect Policy/parent handbook with added policies
 - Ensure that Director submits designation application; offer TA for application process
 - OHP application submitted, Date: _____
 - Ensure that post information is updated in OHP Database
 - Provide Director with requirements for re-designation:
 - Reminder to complete the Assessment in 1 year
 - Reminder to take an additional OHP course
 - Reminder that TA may be available for redesignation
 - Approved Menus, initialed by: _____; Policies, initialed by: _____ Date: _____

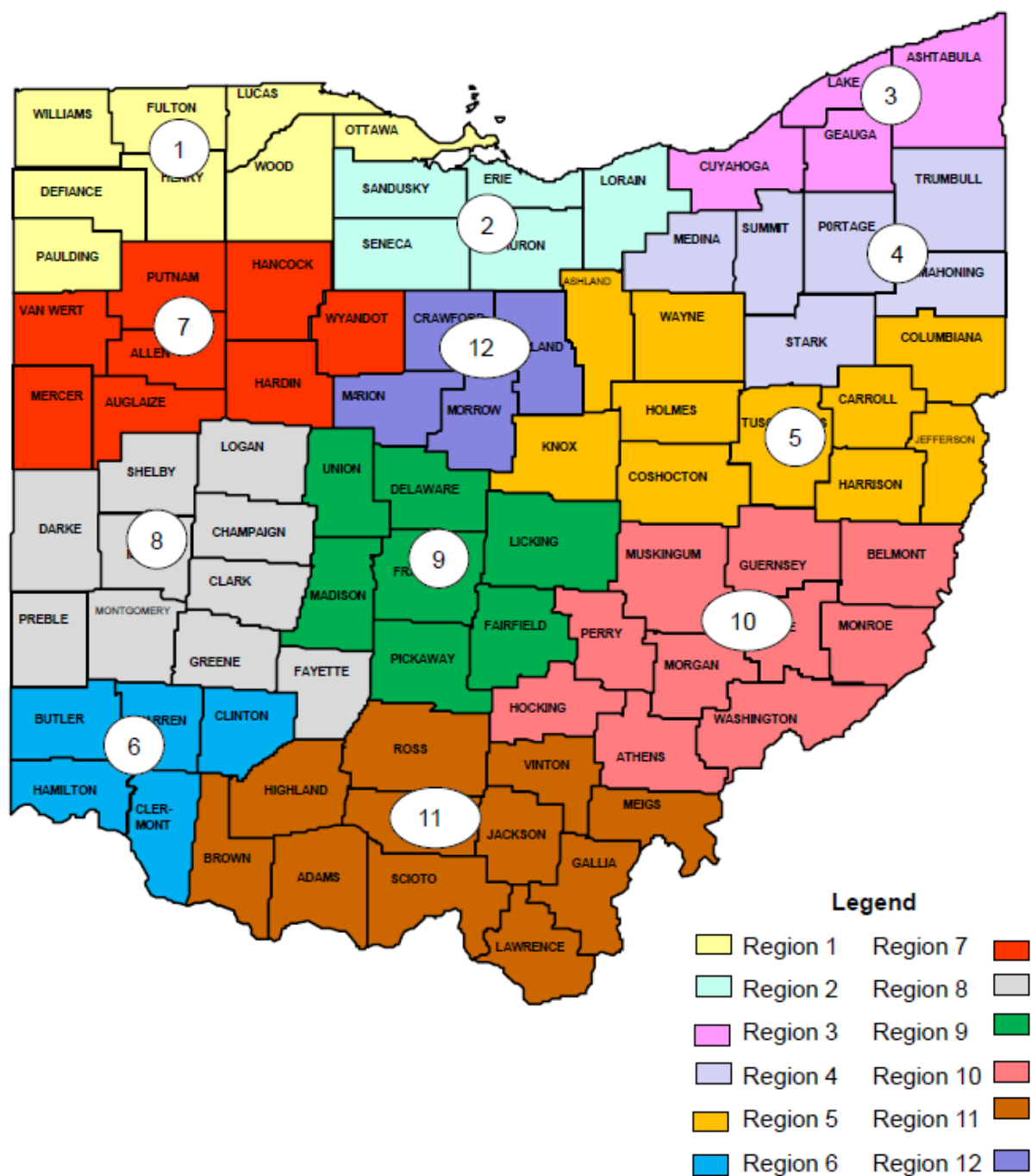
*May be an electronic file if that is subgrantee program standard.



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Appendix I: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Region Map

Ohio Healthy Programs Regions



Appendix J: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Work Plan

Work Plan

Overall Program Goal: To prevent obesity by creating change in the environment of children in Ohio early childhood settings to promote healthy eating and active living and limit screen time.

Objectives must be written as *Specific, Measurable, Achievable, Realistic and Timely (SMART)*.

Objective 1:

Activities	Person Responsible	Completion Dates	Evaluation Measure

Objective 2:

Activities	Person Responsible	Completion Dates	Evaluation Measure

Objective 3:

Activities	Person Responsible	Completion Dates	Evaluation Measure

Objective 4:

Activities	Person Responsible	Completion Dates	Evaluation Measure

Appendix K: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Budget Justification Samples

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO)

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1: Staff Training \$600
Sub-grantee has identified three qualified staff members (2 Technical Assistance Providers [TAP] who have 5+ years providing technical assistance in ECE setting, and 1 Supervisor [who will oversee grant activities for the agency] who has an MSW and two years of experience as a child care) who will complete 10 hours training in the first month of the grant. Online training records will be submitted to ODH for verification.
 - Deliverable – Objective 2: ODH OHP Orientation \$200
The three staff members who participate in training will participate in ODH OHP Orientation in the first month of the grant or as soon as possible as determined by ODH.
 - Deliverable – Objective 3: Monthly Reporting \$2,400
Two technical assistance staff members will document grant-related activities at least weekly and meet with supervisor to discuss progress and challenges at least biweekly. Supervisor will compile and submit monthly report to ODH.
 - Deliverable – Objective 4: Monthly Meeting or Conference Call \$2,400
Supervisor will prepare agenda and schedule calls or meetings with ODH. TAPs will participate in call as possible based on schedule or as required by ODH.
 - Deliverable – Objective 5: In-Person OHP Technical Assistance Site Visits
 - Deliverable – Objective 5a. Site Visit # 1 for prospective OHP sites \$14,000
By the second month of the grant, Supervisor and TAPs will collaborate to use agency networks and communication lists to advertise OHP Technical Assistance. TAPs will follow-up with outreach to ECE providers to provide an overview of OHP and schedule
-

the first visit. TAPs will create a Case File for each center and be responsible for on-site visit to complete enrollment form with ECE provider, implement elements Site Visit #1 from OHP Technical Assistance check list, schedule Site Visit #2 within the following four weeks, and document visit in the agency case management system. Supervisor will be available to address challenges as needed and will review documentation biweekly to ensure records are complete and progress goals are met. At least 12 Site Visit #1 will be scheduled per quarter until the deliverable is complete. Documentation of visit will be submitted as part of monthly report.

- Deliverable – Objective 5b. Site Visit #2 for prospective OHP sites
\$14,000

TAPs will communicate with ECE site to confirm first training and ECE Nutrition and Physical Activity Self-Assessment are complete at least one week prior to scheduled Site Visit #2. TAPs will be responsible for compiling any additional resources or research needed to assist ECE to meet OHP goals. TAPs will perform on-site visit to ECE to implement elements Site Visit #2 from OHP Technical Assistance check list, schedule Site Visit #3 within the following four weeks, and document visit in the agency case management system. Supervisor will be available to address challenges as needed and will review documentation biweekly to ensure records are complete and progress goals are met. At least 12 Site Visit #2 will be scheduled per quarter until the deliverable is complete. Documentation of visit will be submitted as part of monthly report.

- Deliverable – Objective 5c. Site Visit 3 for prospective OHP sites
\$14,000

TAPs will communicate with ECE site to confirm second training is complete at least one week prior to scheduled Site Visit #2. TAPs will be responsible for compiling any additional resources or research needed to assist ECE to meet OHP goals. TAPs will perform on-site visit to ECE to implement elements Site Visit #3 from OHP Technical Assistance check list, help ECE create plan to apply for OHP designation, plan for mid-designation check-in for the following year, and document visit in the agency case management system. Supervisor will be available to address challenges as needed and will review documentation biweekly to ensure records are complete and progress goals are met. At least 12 Site Visit #3 will be scheduled per quarter until the deliverable is complete. Documentation of visit will be submitted as part of monthly report.

- Deliverable – Objective 6: Sites Achieve New OHP Designation
\$14,000

TAPs will perform follow-up and check in to by phone to assist with OHP application completion and document in agency case management system. Supervisor will monitor progress and communicate with ODH to verify monthly OHP Designations.

- Deliverable – Objective 7: In-Person OHP Technical Assistance Site Visit Re-Designation or Mid-Designation Check-In for OHP Sites Designated in Previous Years
\$5,600

By second month of grant year 1, Supervisor will identify list of current OHP sites in service area and assign sites for re-designation outreach to TAPs. TAPs will be responsible for

scheduling visit at least one month prior to renewal date, performing on-site visit to support re-designation work, and document visit in agency case management system. If fewer than 14 ECE centers are available for re-designation, Supervisor will plan for additional site visit #1 at prospective sites throughout grant period. For grant year 2, TAPs will have scheduled tentative mid-designation check-in at Year 1 site visit #3, and will contact site about visit at least one month prior to tentative date. TAPs will perform on-site visit to provide mid-designation check-in and document visit in agency case management system. Supervisor will review records at least monthly. Documentation of visit will be submitted as part of monthly report.

- Deliverable – Objective 8: Sites Achieve OHP Re-Designation \$5,200
TAPs will perform follow-up and check in to by phone to assist with OHP re-designation completion and document in agency case management system. Supervisor will monitor progress and communicate with ODH to verify monthly OHP Re-Designations. If fewer than 13 ECE centers are available for re-designation, Supervisor will plan for additional site visits at prospective sites throughout grant period.
- Deliverable – Objective 9: Annual Report \$2,600
Supervisor will work with TAPs to complete annual report and submit by deadline to ODH.

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]

Appendix L: Ohio Healthy Programs Technical Assistance for Child Care Centers and Public Preschools Deliverable Payment Schedule

Deliverable Payment Schedule

Deliverables	Units	Unit Price	Total
#1- Staff Training	1	\$600	\$600
#2 – Staff Orientation	1	\$200	\$200
#3- Monthly Meetings	12	\$200	\$2400
#4- Monthly Reports	12	\$200	\$2400
#5a TA Visit 1	35	\$400	\$14000
#5b TA Visit 2	35	\$400	\$14000
#5c TA Visit 3	35	\$400	\$14000
#6 New OHP Designation	35	\$400	\$14000
#7 Re-designation or Mid-Designation Check-In TA Visit	14	\$400	\$5600
#8 Re-designation	13	\$400	\$5200
#9 Annual Report	1	\$2600	\$2600
Total Payment			\$75000