



## MEMORANDUM

Date: January 22, 2025

To: Local Health Department Applicants

From: Kara Tarter, MPH CIC  
Chief, Bureau of Infectious Diseases

Subject: Get Vaccinated Ohio – Provider Initiative (GP26) Subgrant Solicitation

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of the Get Vaccinated Ohio – Provider Initiative (GP26). This subaward will fund one organization in Ohio to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric and adolescent patients to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio's children. In addition, ODH seeks to provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-Get Vaccinated Ohio – Public Health Initiative (GV26) funded counties to improve vaccine use and timeliness.

All applicants must be non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio. Agencies interested in applying must first submit a Notice of Intent to Apply for Funding (NOIAF) form by 4 p.m. on **January 29, 2025**.

All electronic applications and attachments are due by **4 p.m., Monday, March 10, 2025**, in the ODH Grants Management Information System (GMIS). Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. New staff requiring GMIS access must successfully complete GMIS training offered by ODH.

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

Submission of the competitive application constitutes acknowledgment and acceptance of ODH's Grants Administration Policies and Procedures (OGAPP), and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this subgrant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.

If you have questions, please contact at [BIDSubgrants@odh.ohio.gov](mailto:BIDSubgrants@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

BUREAU OF INFECTIOUS DISEASE

**Get Vaccinated Ohio – Provider Initiative (GP)**  
**SOLICITATION FOR FISCAL YEAR 2026 (7/1/25 – 6/30/26)**

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/29/2023  
For grant starts 4/1/2024 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online 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, **January 29, 2025 at 4:00 p.m.** so access to the online application 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, ElectronicFundsTransfer (EFT), 1099 Form and current address.

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

**Note:** Subrecipient's future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

- A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any 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 the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

### **Budget Justification Certification language**

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

agreements consistent with those policies.

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

**B. Application Name: Get Vaccinated Ohio – Provider Initiative (GP)**

**C. Purpose:** The Ohio Department of Health (ODH) Immunization Program seeks to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric and adolescent patients to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio's children. In addition, ODH seeks to provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-Get Vaccinated Ohio – Public Health Initiative (GV) funded counties to improve vaccine use and timeliness.

**D. Qualified Applicants:** All applicants must be non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio. Applicants 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).

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

1. The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. The applicant has not been certified to the Attorney General's (AG's) office.
3. The applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, March 10, 2025.**

**E. Service Area:** Applicants must be able to coordinate the GP program for the entire state of Ohio.

**F. Number of Grants and Funds Available:** One subgrant will be awarded. Total funding for the GP subgrant is expected to be approximately \$300,000 for 2025-2026. Funds originate from federal funding sources.

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

**G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, March 10, 2025.** Applications and required attachments received after this deadline will not be considered for review.

Contact [BIDSubgrants@odh.ohio.gov](mailto:BIDSubgrants@odh.ohio.gov) with any questions.

**H. Authorization:** The program is authorized under Section 317 of the Public Health Service Act [42 U.S.C. section 247b] as amended. The Vaccines for Children (VFC) Program is authorized under Section 1928 of the Social Security Act [42 U.S.C. section 1396s]. Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.268.

**I. Goals:** The goal of the GP program is to improve and sustain vaccination coverage through increased education to physician offices that provide immunizations to pediatric patients. GP will equip and enable local health districts to provide 500 high quality MOBI and TIES peer-to-peer education programs to Ohio private practices during the subgrant period. In addition, the recipient of GP funding will provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-GV-funded counties to improve vaccine use and timeliness. GP funds originate from the Centers for Disease Control and Prevention (CDC). The above goals correspond with the

focus of the 2019-2024 CDC Immunization Program Operations Manual and Federal Immunization Grant Guidance/activity.

**J. Program Period and Budget Period:** The program period will begin July 1, 2025 and end on June 30, 2026. The budget period for this application is July 1, 2025 through June 30, 2026.

**K. Public Health Accreditation Board (PHAB) Standard(s):** The table below shows the relationship of each PHAB standard with GP objectives.

PHAB Standard	PHAB Measure	GP Objectives
<b>Standard 1.3:</b> Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.	1.3.2 L – Public health data provided to various audiences on a variety of public health issues	D1 D3 D5
<b>Standard 1.4:</b> Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.	1.4.1 A – Data used to recommend and inform public health policy, processes, programs, and/or interventions	D1 D2 D3 D4 D5
<b>Standard 3.1:</b> Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.	3.1.1 A – Information provided to the public on protecting their health.  3.1.2 A – Health department strategies to promote health and address preventable health conditions.  3.1.3 A – Efforts to specifically address factors that contribute to specific population's higher health risks and poor health outcomes.	D1 D2 D3 D4 D5
<b>Standard 3.2:</b> Provide information on public health issues and public health functions through multiple methods to a variety of audiences.	3.2.5 A – Information available to the public through a variety of methods.  3.2.6 A – Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department.	D1 D2 D3 D4 D5
<b>Standard 7.2:</b> Identify and implement strategies to improve access to healthcare services.	7.2.3 A – Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care	D1 D3
<b>Standard 9.2:</b> Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	9.2.2 A – Implemented quality improvement activities	D1 D2 D3 D4 D5
<b>Standard 10.1:</b> Identify and use the best available evidence for making informed public health practice decisions.	10.1.1 A – Applicable evidence-based practices used when implementing new or revised processes, programs or interventions.	D1 D4 D5
<b>Standard 10.2:</b> Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences.	10.2.3 A – Communicated research finding, including public health implications	D1 D2 D3

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The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

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

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

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

- **Standard 1.3:** Analyze Public Health Data to identify trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

3. *Evidence of Health Equity Strategies*

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

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

program activities are focused.

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. [Healthy People 2030 | odphp.health.gov](https://odphp.health.gov)
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
  - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
  - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

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

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more diseases, death, or disability is beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work,



play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the 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. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

  X   Not Applicable to Get Vaccinated Ohio – Provider Initiative (GP)

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact [BIDSubgrants@odh.ohio.gov](mailto:BIDSubgrants@odh.ohio.gov) to whom the applicant agency can contact for questions regarding this Solicitation.
- P. Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, March 10, 2025 at 4:00 p.m.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.

**S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.

**T. Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
3. Is well executed and can attain program objectives.
4. Describe Specific, Measurable, Attainable, Realistic, Time-Phased, Inclusive and Equitable (S.M.A.R.T.I.E) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
5. Estimate reasonable cost to the ODH, considering the anticipated results.
6. Show 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 to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify 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.
12. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program.
13. Applications will be evaluated based on the Application Review Form (Appendix D).

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given solicitations. **There will be no appeal of the Department's decision.**

**U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service. [Select only the appropriate reference.]

**V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and is a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Immunization and Vaccines for Children grant, CFDA number 93.268.”

**W. Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases any additional funds.

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

Reports shall be submitted as follows:

**a. Program Reports:** Subrecipients program reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. Subrecipients will use Appendix E, “2025-2026 Get Vaccinated Ohio – Provider Initiative (GP) Program Report Instructions” by the following dates: January 15, 2026 and July 15, 2026. Any attachments associated with the Program Report are to be submitted according to Appendix E and will be submitted through GMIS. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
July 1, 2025 – December 31, 2025 (6 months)	January 15, 2026
July 1, 2025 – June 30, 2026 (12 months)	July 15, 2026

*Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.*

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

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

June 1 – 30, 2026

July 10, 2026

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

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

**Note:** Obligations not reported in the final monthly or 4<sup>th</sup> 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 **August 5, 2026**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which 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 constitutes an authorization of the submission the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.*

- X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time-period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted to GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.

14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

**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 spend \$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 material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

**AB. Application Submission: Formatting Requirements: [Suggested language provided, but can be updated to reflect program-specific 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 15 pages (**excludes** appendices, attachments, budget, and budget

narrative).

- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &  
submit  
online.**

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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov).
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

## II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding 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 constitutes an authorization by the agency official and serves as an 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 ODH.

**B. Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs.

A 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:** For deliverable subgrants provide a budget justification narrative outlining how the deliverable will be met. A budget justification example can be found in Appendix F.
2. **Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2025 – June 30, 2026.

Funds may be used to support personnel, their training, travel (see OBM website)

<https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

**All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.**

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 service 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.

The applicant shall itemize all equipment (minimum \$1,000, unit cost value) to be purchased with grant funds in the Equipment Section.

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 submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

**D. Project Narrative:**

1. **Executive Summary:** Provide a brief, one-page synopsis of the purpose, methodology, and evaluation plan of this Immunization project. Identify the target population, services and programs to be offered, and the burden of health disparities and health inequities. Describe the public health problems that the program will address.
2. **Description of Applicant Agency/Documentation of Eligibility/[Personnel]:** Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency’s structure as it relates to this program and, as the lead agency, how it will manage the program.



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

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

3. **Problem/Need:** Create a narrative response to each of the following deliverable objectives described below. Use the same deliverable objective numerical sequence as outlined in each deliverable objective.

**Deliverable Objective 1: MOBI and TIES Presentation Development**

*The GP subrecipient will use the pre-existing MOBI and TIES plan to revise and update a comprehensive plan to update the MOBI and TIES materials for activities from 7/1/25 through 6/30/26 according to current ACIP guidance.*

- D1a The applicant must agree to create and submit a plan to ODH by August 31, 2025 that describes how the following activities will be accomplished:
1. Revise and update MOBI and TIES educational presentations. Discuss how new ACIP, CDC, and AAP recommendations will be incorporated into existing presentations, and any changes that specifically address strategies for improving immunization rates.
  2. Assemble and use an advisory and/or curriculum review committee to include representatives from the ODH Immunization program, Ohio AAP and other MOBI and TIES trainers to update MOBI and TIES presentation materials. Committees should reflect the racial, ethnic and geographic populations of this state that experience disparities in vaccination rates.
  3. The applicant is not to include a quality assurance module at the end of each MOBI or TIES session to evaluate changes to office practices to improve immunization rates. This process is now funded using the CDC-required process Immunization Quality Improvement for Providers (IQIP) and replaces any previous quality improvement processes.
  4. Include materials promoting the awareness of health disparities within individual provider practices and materials ensuring access to immunizations for all children.
  5. Update the MOBI and TIES resource pack materials as changes occur with ACIP, CDC, or other recommendations.
  6. Apply for continuing education credit (e.g., CEU, CNE and/or CME credit) for the MOBI and TIES process.
  7. Evaluate overall MOBI and TIES program strengths and weaknesses.
  8. Observe and evaluate at least twenty percent of MOBI and TIES trainers performing a MOBI or TIES presentation. This should be a random event. Develop a standardized form to evaluate the effectiveness of the presenter, as well as the presentation materials.

**Deliverable Objective 2: Training MOBI and TIES Trainers**

*The GP subrecipient will train MOBI and TIES trainers close to the beginning of the calendar year, equipping them to successfully conduct MOBI and TIES trainings throughout Ohio and provide any needed make-up training sessions as needed.*

- D2a Describe the plan to provide one MOBI and TIES train-the-trainer workshop in July 2025 and any additional make-up or update workshops as needed. Describe who will be involved in the preparations and who will be present at the training event.



- D2b Describe the plan to update, produce and distribute any MOBI and TIES electronic presentation files to each active trainer. Include the plan to update, produce and distribute one training manual per active trainer.

**Deliverable Objective 3: Program Administration and Presentation Support**

*The GP subrecipient will successfully administer the MOBI and TIES program in Ohio and provide planning services and administrative support to the MOBI and TIES trainers in Ohio from 7/1/25 through 6/30/26.*

- D3a Describe the plan to facilitate at least 250 MOBIs and 250 TIES education sessions performed by GV-funded county health department personnel.
- D3b Describe the plan to distribute the latest edition of the CDC Pink Book to each office trained using MOBI or TIES (14<sup>th</sup> Edition – 2021).
- D3c Describe the plan to produce and distribute a MOBI and TIES centralized resource pack to each MOBI and TIES attendee.
- D3d Describe how GV-funded local health department trainers will communicate to the subgrantee to set-up and request planned MOBI and TIES presentations.
- D3e Describe the process to assure program completion and provide CEU, CNE and/or CME credit to participants for completed MOBI and TIES courses.
- D3f Describe the plan to produce and distribute a quarterly newsletter for MOBI and TIES trainers to provide continuing education.
- D3g Describe the plan to compile and evaluate data for completed MOBI and TIES programs conducted in GV-funded and non GV-funded counties.
- D3h Describe the plan to provide monthly updates to ODH ([BIDsubgrants@odh.ohio.gov](mailto:BIDsubgrants@odh.ohio.gov)) showing completed MOBI and TIES programs recorded on the deliverable objectives tracking spreadsheet with listed names of providers and trainers.
- D3i Describe the plan to market and promote the MOBI and TIES programs to private providers in Ohio. Discuss proposed changes to MOBI and TIES marketing materials (MOBI travels) or any other MOBI or TIES marketing materials.
- D3j Describe the plan to collaborate with community immunization initiatives and promote the importance of MOBI and TIES.
- D3k Describe the plan to observe and evaluate at least twenty percent of MOBI and TIES trainers performing a MOBI or TIES presentation. Describe how a summary from these observations will be reported to ODH in aggregate format.

**Deliverable Objective 4: MOBI and TIES Presentations in Non-GV-Funded Counties**

*The GP subrecipient will provide MOBI and TIES training to providers in non-GV-funded counties in Ohio from 7/1/25 through 6/30/26.*

- D4a Describe the plan to facilitate and perform 50 or more MOBIs and TIES in non-GV-funded counties. Include in the plan a target of at least 10% among providers in high SVI census tracts or areas with low vaccination rates.
- D4b Indicate how the latest edition of the CDC Pink Book will be provided to each office that is trained.
- D4c Indicate how a MOBI and TIES centralized resource pack will be produced and provided to each MOBI and TIES attendee.
- D4d Describe the process to provide CNE and CME credit to participants for completed MOBI and TIES courses.

### **Deliverable Objective 5: IQIP in Non-GV-Funded Counties**

*The GP subrecipient will successfully use the new CDC-designed Immunization Quality Improvement for Providers (IQIP) process to assess immunization rates, and work to improve on-time vaccination rates of children and adolescents using specific quality improvement interventions. ODH prefers in-person IQIP technical assistance for immunization providers. However, virtual IQIP site visits will be allowed during COVID-19 response activities.*

Note: Staff who will conduct IQIP technical assistance must complete required ODH IQIP trainings and must sign and return the 2025 Data Collection Confidentiality Agreement issued by ODH by September 30, 2025.

- D5a List the names of staff who will attend the required IQIP trainings provided by ODH. ODH expects this training to be available prior to July 31, 2025. Trainings may be in-person or virtual based on COVID-19 guidelines. Only those employees who will actively perform the IQIP process are to be trained.
- D5b Indicate that your agency will assure that the IQIP process is initiated for immunization providers in non-GV-funded counties according to the following required activities:
  - 1) Conduct an initial IQIP site visit (a face-to-face or virtual demonstration and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of each immunization provider's data extracted from ImpactSIIS using the CoCASA software. Select quality assurance (QI) strategies to improve pediatric and adolescent rates based on analysis of the data. Submit a report to ODH.
  - 2) Conduct a two-month check-in (face-to-face, virtual or by phone) with the immunization provider's staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
  - 3) Conduct a six-month check-in (face-to-face, virtual or by phone) with the immunization provider's staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
  - 4) Conduct a twelve-month follow-up (face-to-face or virtual) with health department staff after the initial IQIP site visit. Produce a coverage assessment of each immunization provider's data extracted from ImpactSIIS using the CoCASA software. Submit a report to ODH.
- D5c Describe your plan to promote the importance of and the need for the IQIP process among the pediatric and family practices in non-GV-funded counties. Identify who will perform this work and key process start and completion dates for each measurable planned activity.

5) **Methodology:** In narrative form, identify the program goals, **SMARTIE** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

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

**F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov).

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed 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 in 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 must be uploaded in GMIS by **4:00 p.m.** on or before **Monday, March 10, 2025**.

### III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable – GP26 Objective Descriptions  
C2 Deliverable – GP26 Objective Funding Allocations
- D. GP26 Application Review Form
- E. GP26 Program Report Instructions
- F. GP26 Budget Justification Example
- G. Immunization-Related Health Equity Resources

## Appendix A

Reimbursement  
Type

Select one of the  
options below:

☐ Monthly

OR

☐ Quarterly

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of

Bureau of Infectious Diseases

*ODH Program Title:*

Get Vaccinated Ohio – Provider Initiative (GP)

### Submission Required

See due date below.

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

ALL THE INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

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

Type of Applicant Agency  
(Check One)

☐ County Agency

☐ Hospital

☐ Local Schools

☐ City Agency

☐ Higher Education

☐ Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name)

Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the 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 not,** 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 [BDSubgrants@odh.ohio.gov](mailto:BDSubgrants@odh.ohio.gov) BY 4:00 p.m. on January 29, 2025.

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

## Appendix B

**This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.**

### GMIS Training, User Access, Access Change or Deactivation Request

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

Date: \_\_\_\_\_

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

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

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

Effective/Change Date: \_\_\_\_\_

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

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

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

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

Deliver Requests to Data System Administrator.

Scan & Email: [Grant.Support@odh.ohio.gov](mailto:Grant.Support@odh.ohio.gov)

**Name of Subgrant Program:** Get Vaccinated Ohio – Provider Initiative (GP)  
**Budget Period:** 7/1/25 through 6/30/26  
**Number of Deliverables:** Five (5)  
**Use Budget Justification:** Scenario # 2

✓ **Deliverables Only**

D1 Deliverable Outcomes	Reimbursement	When to Submit
Submit the MOBI and TIES presentation plan in GMIS. This must be documented on the D1 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$5,000	First quarter No later than August 31, 2025.

D2 Deliverable Outcomes	Reimbursement	When to Submit
Complete the primary MOBI and TIES train-the-trainer workshop no later than July 31, 2025. The number and names of attendees must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$15,000	First quarter No later than July 31, 2025.
Complete any additional make-up train-the-trainer workshops during the remainder of the GP subgrant period. The number and names of attendees must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$2,500 per make-up training session.	Each month or quarter as completed.

D3 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by a GV-funded local health department. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$400 per completed MOBI or TIES event.	Each month or quarter as completed.

D4 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by the GP-funded agency in a non-GV-funded county. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per completed MOBI or TIES event.	Each month or quarter as completed.

D5 Deliverable Outcomes	Reimbursement	When to Submit
D5a Appropriate GP-funded staff attend the IQIP training prior to September 31, 2025.	\$500 per eligible employee who attends the IQIP training.	First quarter of funding cycle.

This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.		
<p>D5b</p> <p>Conduct the initial IQIP site visit. Perform an immunization coverage assessment and select quality assurance (QI) strategies. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$1,000 after the completed initial report is submitted to ODH.</p> <p>Note 1: <b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: <b>Multiple initial IQIP</b> site visits performed simultaneously with multisite providers on the same day <b>will be reimbursed only if</b> required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	<p>After completion of initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a <b>two-month check-in</b> after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 2-month report is submitted to ODH.</p>	<p>2 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a <b>six-month check-in</b> after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 6-month report is submitted to ODH.</p>	<p>6 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a <b>twelve-month follow-up</b> after the initial IQIP visit using coverage reports and assessment of implementation of QI strategies. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure</p>	<p>\$1,000 after the completed 12-month report is submitted to ODH.</p> <p>Note 1: <b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as</p>	<p>12 months after the initial IQIP visit (each month or quarter as completed).</p>

report.	<p>the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: <b>Multiple follow-up IQIP</b> site visits performed simultaneously with multisite providers on the same day <b>will be reimbursed only if</b> required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	
<p><b>Notes for D5b:</b></p> <p>CDC IQIP recommendations allow your agency to perform a 12-month follow-up visit at the same time as an initial visit using the same data. However, this is not ODH preference for these visits.</p> <p>If your agency performs the 12-month follow-up on the same day as the initial visit, you must record each activity on the GV deliverable objectives tracking spreadsheet, but only claim \$1,000 for the follow-up activity. The \$1,000 reimbursement will cover the costs to perform the 12-month follow-up with the initial IQIP on the same day using the same data.</p> <p>In order to maximize your reimbursement, ODH recommends that 12-month IQIP follow-up visits not occur at the same time as new initial IQIP visits (in person or virtual).</p> <p>ODH recommends at least a one week spacing between 12-month follow-up visits and new initial visits. If you perform separate 12-month IQIP follow-up visits and initial IQIP visits at least one week apart, your agency will need to pull separate data for each IQIP visit.</p>	<p><b>Initial IQIP</b> visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p><b>Initial IQIP</b> visits performed that are separated by at least one week from the 12-month follow-up will be reimbursed. Separate data will need to be used for each type of visit.</p>	



## Appendix C2

### 2025-2026 Get Vaccinated Ohio – Provider Initiative (GP) Subgrant Objective Funding Allocations (Maximum Funds Available)

	MOBI and TIES Presentation Development	Training MOBI and TIES Trainers	Program Administration and Presentation Support	MOBI and TIES Presentations in Non GV- Funded Counties	IQIP in Non GV-Funded Counties	Total
Objective	D1	D2	D3	D4	D5	
Budget Allocation	\$5,000	\$20,000	\$200,000	\$25,000	\$50,000	\$300,000

## Appendix D

### 2025-2026 Get Vaccinated Ohio – Provider Initiative (GP26) Application Review Form

Category	Score
<b>GMIS 2.0 Budget Issues</b>	
<b>Q:</b> Do budget items in GMIS 2.0 relate to required subgrant objectives?	0 1
<b>Q:</b> Is the GMIS 2.0 budget justification section complete? (Applicant provided information on personnel, other costs, equipment and contracts?)	0 1
<b>Q:</b> Does the total budget equal to or below the maximum available funds?	0 1
<b>Notes:</b>	Subtotal ____ / 3
<b>Executive Summary</b>	
<b>Q:</b> Did the applicant provide a poor, average or good overview?	0 1 2
<b>Notes:</b>	Subtotal ____ / 2
<b>Description of Applicant Agency/Documentation of Eligibility/Personnel</b>	
<b>Q:</b> Applicant summarized the agency structure & management of the GP subgrant?	0 1
<b>Q:</b> Described capacity to communicate to diverse audiences?	0 1
<b>Q:</b> Described plans for quality assurance methods?	0 1
<b>Q:</b> Noted any personnel or equipment deficiencies?	0 1
<b>Q:</b> Described plans for hiring & training / partners?	0 1
<b>Notes:</b>	Subtotal ____ / 5
<b>Deliverable Objective 1 MOBI and TIES Presentation Development</b>	
D1a – Did the applicant commit to create and submit a plan to cover all 8 items listed in this objective by August 31, 2025?	0 1 2 3
<b>Notes:</b>	Subtotal ____ / 3
<b>Deliverable Objective 2 Training MOBI and TIES Trainers</b>	
D2a – Described plans to provide one train-the-trainer workshop for all MOBI and TIES trainers before July 31, 2025 and supply ongoing updates as needed?	0 1 2 3
D2b – Described plans to plan, update, produce and distribute an electronic presentation file?	0 1 2

<b>Notes:</b>	<b>Subtotal _____ / 5</b>
<b>Deliverable Objective 3</b> <b>Program Administration and Presentation Support</b>	
D3a – Described the plan to facilitate 250 MOBI and 250 TIES presentations in Ohio?	0   1   2
D3b – Described the plan to provide one CDC Pink Book per office trained?	0   1
D3c – Described the plan to provide one office resource pack per office trained?	0   1
D3d – Described how trainers will request planned MOBI and TIES presentations?	0   1
D3e – Described the process to assure program completion and provide CEU to attendees?	0   1   2
D3f – Described the plan to produce and distribute a quarterly newsletter?	0   1
D3g – Described the plan to compile and evaluate MOBI and TIES data?	0   1
D3h – Described the plan to provide monthly updates to ODH using a spreadsheet of completed MOBI and TIES?	0   1
D3i – Described the plan to market and promote MOBI and TIES programs?	0   1
D3j – Described the plan to collaborate with community immunization initiatives?	0   1
D3k - Described the plan to observe and evaluate at least twenty percent of MOBI and TIES trainers?	0   1
<b>Notes:</b>	<b>Subtotal _____ / 13</b>
<b>Deliverable Objective 4</b> <b>MOBI and TIES Presentations in Non-GV-Funded Counties</b>	
D4a – Described a plan to facilitate and perform 50 or more MOBIs and TIES in non GV-funded counties in Ohio?	0   1   2
D4b – Described a plan to provide a Pink Book to each office trained?	0   1
D4c – Described a plan to produce and provide a resource pack to each MOBI and TIES attendee?	0   1   2
D4d – Described the process to provide continuing education to participants?	0   1
<b>Notes:</b>	<b>Subtotal _____ / 6</b>

<b>Deliverable Objective 5</b> <b>IQIP in Non-GV-Funded Counties</b>		
D5a – Listed staff who will conduct IQIP and who will sign a confidentiality agreement?	0	1 2
D5b – Indicated a plan to assure that the IQIP process will be initiated for immunization providers in non-GV-funded counties according to the required activities?	0	1 2
D5c – Described plans to promote the importance of IQIP in non-GV-funded counties and who will promote IQIP procedures?	0	1 2
<b>Notes:</b>	<b>Subtotal _____ / 6</b>	

## 2025-2026 Get Vaccinated Ohio – Provider Initiative (GP26)

### Application Review Form Summary

Applicant / Sub-Applicant Name: \_\_\_\_\_ GMIS #: \_\_\_\_\_

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		3
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		5
<b>Deliverable Objective 1</b> MOBI and TIES Presentation Development		3
<b>Deliverable Objective 2</b> Training MOBI and TIES Trainers		5
<b>Deliverable Objective 3</b> Program Administration and Presentation Support		13
<b>Deliverable Objective 4</b> MOBI and TIES Presentations in Non-GV-Funded Counties		6
<b>Deliverable Objective 5</b> IQIP in Non-GV-Funded Counties		6
<b>Total Application Point Score</b>		43
<b>Total Application % Score</b>		NA
<b>Special Conditions:</b>		
<b>Comments to Sub-grantee:</b>		
<b>Reviewer Signature:</b>		

## Appendix E

### **2025-2026 Get Vaccinated Ohio – Provider Initiative (GP25)**

#### **Program Report Instructions (MOBI+TIES+IQIP)**

Use the following instructions to prepare the program report describing progress for your GP subgrant. Please follow instructions carefully, as progress reports are scored. The 2025-2026 GP program reports are due to ODH on the following dates: January 15, 2026 and July 15, 2026.

1. Re-state each GP deliverable objective in the 2025-2026 GP Solicitation.
  - Provide a brief narrative of the progress made towards each deliverable objective according to the following report periods: July 1, 2025 – December 31, 2025 and for the entire subgrant period July 1, 2025 – June 30, 2026.
  - Identify the specific successes and challenges encountered and the solutions instituted for each deliverable objective.
  - Significant achievements should be described, as well as instances when objectives were not met. Be specific in your description of accomplishments.
  - The file format may be either MS Word or .pdf. All narrative files must be attached in the ODH Grants Management Information System (GMIS) under the 'Project' / 'Program Reports' section.
2. Provide electronic samples of produced promotional materials, pamphlets, articles, letters, or reports created during the report period that directly relate to subgrant objectives (e.g., newsletters).
  - Attachments are to be attached in the ODH Grants Management Information System (GMIS) under the 'Project' / 'Program Reports' section.

#### **Notes regarding expenditure report differences:**

- Do not submit the GP deliverable objectives tracking spreadsheet for the GP program/progress report. The GP deliverable objectives tracking spreadsheet is to be used only for your expenditure report.
- The GP expenditure report will show all required outcome measures using the 2025-2026 GP Deliverable Objectives Tracking Spreadsheet. This spreadsheet will be similar to the 2024-2025 GP Deliverable Objectives Tracking Spreadsheet used when submitting monthly or quarterly expenditure reports. The final version of this spreadsheet will be provided after the GP notice of award is issued.
- The file format for each expenditure report submitted in GMIS must be MS Excel. During the 2025-2026 subgrant cycle, the GP Deliverable Objectives Tracking Spreadsheet must be attached in the ODH Grants Management Information System (GMIS) when submitting monthly or quarterly expenditure reports.

If you have any questions, please contact [BIDSubgrants@odh.ohio.gov](mailto:BIDSubgrants@odh.ohio.gov).

## Appendix F - Sample GP25 Budget Justification

(Insert Name of 2025 - 2026 GP Subrecipient)

(Insert Subrecipient GMIS Number)

### GP26 BUDGET JUSTIFICATION (Example for Deliverable Objective Funding Only)

**Note:**

Budget justification line items listed below **MUST** be in the same order as those line items listed in the Other Direct Costs section in your GMIS budget.

#### OTHER DIRECT COSTS

##### Deliverable Objectives – Budget Scenario 2

**Notes:**

- Budget leverage cannot be used to move funding into or out of any Deliverable Objective line items.
- Indirect costs cannot be charged against Deliverable Objective line items.
- A brief description of how each agency will accomplish meeting the deliverable is not required in the budget justification but must be listed in the deliverable objectives narrative for the Get Vaccinated Ohio – Provider Initiative (GP).
- A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Use the recommended allocations for each applicant from Appendix C2 to complete the budget justification.

##### Deliverable Objective 1: MOBI and TIES Presentation Development

Name of Applicant \$5,000

##### Deliverable Objective 2: Training MOBI and TIES Trainers

Name of Applicant \$20,000

##### Deliverable Objective 3: Program Administration and Presentation Support

Name of Applicant \$200,000

##### Deliverable Objective 4: MOBI and TIES Presentations in Non GV-Funded Counties

Name of Applicant \$25,000

##### Deliverable Objective 5: IQIP in Non GV-Funded Counties

Name of Applicant \$50,000

**Total Other Direct Costs \$300,000**

**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).
- 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.

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[Signature]

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[Print Name & Title]

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[Date]



## Appendix G

### Immunization-Related Health Equity Resources

GV applicants should review the following information sources regarding remaining immunization disparities in Ohio:

#### Healthy People 2030

Health.gov / Healthy People provides an overview, objectives, interventions, resources and national snapshots regarding vaccination rates. Healthy People 2030 goals for vaccinations are rooted in evidence-based clinical and community activities and services for the prevention and treatment of infectious diseases. Infants and children need to get vaccinated to prevent diseases like hepatitis, measles, and pertussis. Though most children get recommended vaccines, some U.S. communities have low vaccination coverage that puts them at risk for outbreaks. Strategies to make sure more children get vaccinated — like requiring vaccination for children who are in school — are key to reducing rates of infectious diseases.

Adolescents also need vaccines. Teaching people about the importance of vaccines, sending vaccination reminders, and making it easier to get vaccines can help increase vaccination rates in adolescents.

Healthy People 2030 objectives can be viewed here: [Vaccination - Healthy People 2030 | health.gov](#)

In addition, evidence-based resources related to vaccinations on the Healthy People 2030 website can be located here: [Vaccination — Evidence-Based Resources - Healthy People 2030 | health.gov](#)

#### Vaccination in Rural Communities

Despite the availability of safe and effective vaccines, fewer adolescents in rural areas are getting the HPV and meningococcal conjugate vaccines compared to adolescents in urban areas, leaving them vulnerable to serious diseases. View information from the Centers for Disease Control and Prevention (CDC). See: [Vaccination in Rural Communities as a Public Health Issue | Rural Health | CDC](#).

#### National Healthcare Quality and Disparities Report from 2023.

Appendix A. List of Measures and Summary of Results for Figures shows quality trends. See:

[2023 National Healthcare Quality and Disparities Report | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

#### National Immunization Survey (NIS) - Child Vaccination Coverage Reports

Each year, the Centers for Disease Control and Prevention (CDC) publishes child vaccination coverage reports from NIS-Child. These publications provide information and details about child vaccination coverage.

See: [Publications & Resources | ChildVaxView | CDC](#).

Estimated coverage with most childhood vaccines was similar among children born during 2019–2020 compared with those born during 2017–2018, with only a few exceptions. Disparities in coverage by race and ethnicity, poverty status, insurance status, and urbanicity persist, with a widening of the gap among some subgroups evident over time. Efforts by health care providers and parents are needed to ensure that all children are protected from vaccine-preventable diseases.

ChildVaxView Interactive! shows data from the National Immunization Survey (NIS) the following indicators show that generally, disparities exist for children aged 19-35 months of age in Ohio. Data from children born in 2019 and 2020 indicate:

- Vaccine rates are lower in children below poverty (less than 133% FPL) - in all measures.
- Immunization rates in the rural areas (Non-MSA) are usually lower for recommended vaccines.

[ChildVaxView Interactive Child Vaccination Coverage | CDC](#)

Children Born 2016-2019 Ohio NIS Coverage Levels for those at 24 months:	< 133% FPL	133% to <400% FPL	>400% FPL
DTaP, 4 or more doses	71.8%	78.5%	91.2%
Polio, 3 or more doses	87.6%	91.4%	95.4%
MMR, 1 or more doses	84.3%	88.1%	95.5%
Full Series Hib	69.9%	77.4%	90.4%
Hep B, 3 or more doses	91.0%	90.1%	95.1%
Var, 1 or more doses	84.4%	88.2%	94.8%
PCV, 4 or more doses	71.1%	80.8%	93.6%
Hep A, 1 or more doses	79.7%	85.1%	91.4%
Rotavirus 8 months	62.3%	75.7%	87.5%
Combined 7 Series	60.4%	68.4%	84.5%

Children Born 2016-2019 Ohio NIS Coverage Levels for those at 24 months:	Living in a Non-MSA	Living in a MSA Principal City	Living in a MSA Non-Principal City
DTaP, 4 or more doses	75.2%	79.9%	80.1%
Polio, 3 or more doses	91.5%	91.8%	90.0%
MMR, 1 or more doses	87.1%	89.6%	87.8%
Full Series Hib	76.4%	78.8%	77.3%
Hep B, 3 or more doses	93.7%	93.2%	89.4%
Var, 1 or more doses	86.1%	89.8%	87.9%
PCV, 4 or more doses	73.3%	79.3%	83.9%
Hep A, 1 or more doses	79.8%	86.4%	84.8%
Rotavirus 8 months	74.2%	70.4%	76.1%
Combined 7 Series	63.2%	70.7%	70.8%

Children Born 2016-2019 Ohio NIS Coverage Levels for those at 24 months:	White Non-Hispanic	Black Non- Hispanic	Hispanic	Multiple Race, Non-Hispanic
DTaP, 4 or more doses	82.9%	65.7%	77.9%	75.6%
Polio, 3 or more doses	91.8%	88.0%	88.0%	92.0%
MMR, 1 or more doses	90.6%	84.1%	83.4%	85.7%
Full Series Hib	81.5%	62.8%	76.9%	75.0%
Hep B, 3 or more doses	92.7%	87.1%	95.0%	90.0%
Var, 1 or more doses	90.0%	82.9%	86.1%	88.0%
PCV, 4 or more doses	82.8%	72.5%	77.7%	76.1%
Hep A, 1 or more doses	86.2%	80.3%	74.9%	87.8%
Rotavirus 8 months	76.0%	55.5%	74.7%	78.8%
Combined 7 Series	72.4%	58.1%	68.8%	66.1%

### Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. This tool will also help understand social determinants of health related to the public health goals to immunize young children. Registered users have FREE access to over 7000 GIS data layers at state, county, zip code, block group, tract, and point-levels; Contextualized mapping, visualization, analytic,

impact and communication tools and apps; profiles of hundreds of place-based community initiatives (multi-sector collaboratives) working towards healthy/sustainable/livable/equitable communities; and peer learning forums in the "interactive commons" with colleagues exploring similar interests and challenges. See: <http://www.communitycommons.org/>

#### Ohio Department of Health – Health Improvement Zones

Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities.

[Health Improvement Zones | Ohio Department of Health](#)

Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book), 14<sup>th</sup> Edition. Immunization Strategies for Healthcare Practices and Providers. Discussion notes: Those who remain unvaccinated are so largely because healthcare practices and providers do not always optimally perform the activities associated with delivering vaccines and keeping patients up to date with their immunization schedules.

[Table of Contents | Pink Book | CDC](#)

#### ODH Office of Health Opportunity (OHO) Social Determinants of Health Dashboard

The Community Wellbeing Social Determinants of Health Dashboard provides greater insight into the conditions that impact Ohioans' ability to live a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. This dashboard also includes data on insurance rates for children and adolescents, preventative care metrics and poverty rates.

[Community Wellbeing: Social Determinants of Health | DataOhio](#)

#### Youth Wellbeing Social Determinants of Health Dashboard

Youth Wellbeing will help analyze and identify how various characteristics impact the youth of Ohio associated with chronic absenteeism and healthy lifestyle. The dashboard helps to gain insights to various community conditions that impacts the overall health of Ohio's Youth.

Youth Wellbeing dashboard combines data from the DEW School Report Card, Healthy Student Profiles, the Community of Wellbeing: Social Determinants of Health (SDoH), Social Vulnerable Index (SVI), Health Professionals Shortage Areas (HPSA), and Ohio Opportunity Index. Data is geocoded at the school district and census tract levels. A bivariate colored map of HPSAs and SVI levels to help pinpoint census tracts with low health support access. Identifying these opportunities and providing Ohio's youth information and resources will help them to grow and develop in good living and learning conditions. <https://data.ohio.gov/wps/portal/gov/data/view/youth-wellbeing>