



## Department of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

### MEMORANDUM

Date: January 2, 2020  
To: Prospective Moms Quit for Two Program Grantees  
From: Anna Starr, Interim Bureau Chief, Bureau of Maternal, Child and Family Health Ohio  
Department of Health  
Subject: Notice of Availability of Funds – State Fiscal Year 2021, July 1, 2020 - June 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 Moms Quit for Two Program in Ohio. The Moms Quit for Two Program is part of a larger effort to promote smoking cessation and reduce secondhand smoke exposure among Ohio's most vulnerable population. The Moms Quit for Two Program expands the reach of Baby & Me, Tobacco Free, a smoking cessation program developed to increase smoking cessation among pregnant and postpartum women.

To obtain a grant application packet:

1. Go to the ODH website at [www.odh.ohio.gov](http://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 Moms Quit for Two Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

All interested parties must submit a Notice of Intent to Apply for Funding (attached), no later than noon Wednesday, January 15, 2020, to be eligible for these funds by Monday, February 10, 2020.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference/webinar on Friday, January 10, 2020 from 11:00 a.m. to 12:00 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 67958#.

All applications and attachments are **due by 4:00 p.m. on Monday, February 10, 2020** for the competitive cycle. Electronic applications received after Monday, February 10, 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 Wednesday, January 15, 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 Craig Gallagher, by phone at (614) 728-8371, or by email at [craig.gallagher@odh.ohio.gov](mailto:craig.gallagher@odh.ohio.gov).

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Columbus, Ohio 43215 U.S.A.

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[www.odh.ohio.gov](http://www.odh.ohio.gov)



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

## **OHIO DEPARTMENT OF HEALTH**

**BUREAU OF**  
*Maternal Child and Family Health*

*Moms Quit for Two*  
**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2021**  
**(07/01/2020 – 06/30/2021)**

**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 January 15, 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: Moms Quit for Two Program**

**C. Purpose:** Smoking during pregnancy remains one of the most common preventable causes of infant mortality. According to America's Health Rankings, 16.3% of mothers in Ohio used tobacco during their pregnancy in 2016 and 15.2% of mothers in Ohio used tobacco during their pregnancy in both 2017 and 2018. Among women giving birth in Ohio, 17% smoke during the 3rd trimester of pregnancy, a rate that is double that of the nation. Rates are highest among low-income mothers, mothers with partners who smoke, mothers of multiple children, mothers with a strong addiction to tobacco, mothers ages 20-24, and mothers insured under Medicaid. Smoking cigarettes during pregnancy has been identified as one of the most significant factors contributing to poor pregnancy outcomes including preterm birth, low birth weight, birth defects of the mouth and lip, abnormal bleeding during pregnancy and delivery, miscarriage, ectopic pregnancy, damage to a baby's developing lung and brain, and increased risk of sudden unexpected infant death. Women who quit before or during pregnancy can reduce or eliminate these risks. Pregnant women who quit smoking during the first trimester deliver infants that are of comparable weight and height to those of non-smoking women.

Infants are uniquely vulnerable to the hazards of smoke exposure. Compared to older children and adults, very young children are smaller in size, resulting in greater exposure; more likely to be in close proximity to a smoking parent; more likely to ingest dust and smoke particles when crawling or putting objects in their mouths, and at risk for experiencing long-term damage to developing systems from smoke exposure. The Surgeon General reported in 2014 that in the past 50 years, more than 100,000 infants in the US have died as a result of SIDS, complications of low birth weight or prematurity, or other pregnancy problems resulting from parental smoking.

The Mom's Quit for Two subsidy program is administered through the Maternal and Infant Wellness Program's Perinatal Smoking Cessation program. The goal of the ODH Perinatal Smoking Cessation program is to reduce smoking among Ohio women before, during and after pregnancy and to reduce exposure to second-hand smoke. The Perinatal Smoking Cessation program has worked to increase the adoption, reach and impact of evidence-based behavioral cessation programs. The program has experienced success supporting the

implementation of Baby & Me, Tobacco Free model and other evidence-based interventions in Ohio.

In 2008, the United States Public Health Service released clinical practice guidelines for treating tobacco use. The guidelines identify effective, evidence-based tobacco cessation programs. Studies suggest that pregnancy is a good time to intervene and that a brief intervention with self-help materials can increase cessation rates by 30-70% compared with only advice to quit. The Baby & Me Tobacco Free Program is a model developed to increase smoking cessation among pregnant and postpartum women. The model uses a unique approach, combining cessation support specific to pregnant women, offering practical incentives and monitoring success. <http://babyandmetobaccofree.org>.

Smoking prevention and cessation are core components of the State Health Improvement Plan, the Maternal and Child Health Block Grant and ODH Strategic Plan. This program is a collaboration among chronic disease and maternal and child health programs and aims to assist programs achieve shared goals. It also supports a larger effort to promote smoking cessation and reduce secondhand smoke exposure among Ohio's most vulnerable population.

The participating agency completes a one (1) day training session required to certify the agency to administer the Baby & Me, Tobacco Free program. Additional materials to implement the program include: carbon monoxide (CO) monitors and testing supplies; diaper vouchers including shipping and handling; handouts, flyers and brochures; and technical assistance as needed. Women enter the program during pregnancy. Their partners, who are smokers and live in the home, are eligible to participate in the program.

The participating agency conducts four (4) individual prenatal smoking cessation sessions (10 minutes each) and tests each participant using carbon monoxide (CO) testing at each smoking cessation session to ensure client smoke free status. Participants may receive up to two supplemental visits per participant/partner as needed. Participants are eligible to receive one diaper voucher if tobacco free and at the completion of the third and fourth prenatal counseling session. After the baby is born, the participant receives twelve (12) individual monthly smoking cessation sessions (10 minutes each) with CO monitoring. If the participant/partner remains tobacco free, the participant/partner receives a \$25 diaper voucher each month up to twelve (12) months postpartum. The program implements the clinical practice guidelines of providing brief interventions for smoking cessation including the 5A's and motivational interviewing.

- D. *Qualified Applicants*** All applicants must be a local public or non-profit agency, that demonstrates the ability to deliver evidence-based tobacco cessation interventions to pregnant women. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

Awarded entities must partner with local health care systems, physicians, clinics, maternal and child health programs, health departments and community health centers to facilitate referrals to the program. Agencies must collaborate with existing smoking cessation programs to avoid duplication of service and maximize spread of interventions, specifically partnering with maternal and child health programs implementing the 5A's brief counseling intervention and Baby & Me, Tobacco Free. Letters of support from referring agencies must

be obtained.

To ensure collaboration among key statewide partners, entities shall connect the following projects:

- Applicants in Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark or Summit counties must connect with your local [Ohio Equity Institute](#) (OEI) lead agency. The OEI was created in 2012 to address racial disparities in birth outcomes, population data is used to target areas for outreach and services in the nine counties with the largest disparities. OEI 2.0 launched in 2018 with a targeted structure to ensure the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes. Entities implement strategies to connect women to needed clinical and social services and work to adopt policy and practice changes to impact social determinants of health.
- Applicants in a county with a [Help Me Grow Home Visiting](#) program must develop partnerships to ensure referrals are being made between the programs. Help Me Grow is Ohio's evidence-based parent support program that encourages early prenatal and well – baby care, as well as parenting education to promote the comprehensive health and development of children.
- Applicants in a county with an [ODH Infant Safe Sleep Program](#) (Cribs for Kids © and Safe Sleep (CK) or Cribs Infant Safe Sleep Allotment program) or other Safe Sleep program must connect with your local Safe Sleep program to ensure that families in this program, without a safe sleep environment for their baby, has a local resource and support. The ODH Infant Safe Sleep Program provides safe sleep environment education, assessment, educational resources, and safe sleep training for families of infants less than one years old and stakeholders.
- Applicants in a county with a [Community Intensive Pilot Project](#) (Athens, Hamilton, or Lucas counties) must connect with your local Community Intensive Pilot Project to understand the services being provided and the opportunities to make referrals between the programs. The Community Intensive Pilot Project provides a community approach to problem solving to reduce infant mortality.
- Tobacco Free Ohio Alliance (TFOA)-TFOA is an association of Ohio agencies, organizations, groups and individuals with a commitment to work to prevent the use of tobacco products and to educate Ohioans about the harmful effects of tobacco use and second-hand smoke exposure on all citizens. Alliance members share information on policy, funding, legal and educational issues relating to tobacco use prevention and cessation.

<http://www.healthy.ohio.gov/healthylife/tobc2/tprevention/alliance.aspx>

**Offeror must describe knowledge/experience in or of:**

- Health research
- Maternal and Child Health
- Addressing disparities
- 5A's smoking cessation intervention and motivational interviewing

- Smoking cessation billing (Medicaid and private insurance)
- Program evaluation
- Public/private perinatal health care programs and systems
- Community partnership/development
- Utilizing referral systems
- Collaboration
- Recruiting populations to be enrolled and served (when referencing served, we expect them to also be enrolled)
- Program promotion/marketing

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, February 10, 2020.**

**E. *Service Area:*** Funded agencies must have the ability to reach a large number of high-risk women in counties with the highest incidence of infant mortality and /or prenatal smoking rates, higher than normal premature rates and or low birth weight babies. Special consideration should include census geographies which have significant numbers of the target population who are engaged in smoking behaviors and who have the potential to engage in smoking behaviors. Refer to Appendix F. Preference will be given to organizations who are implementing Baby & Me Tobacco Free for the first time in the high need community or working to collaborate with current programs. |

**F. *Number of Grants and Funds Available:*** The Dedicated Purpose Funds (5BX0) are being awarded through the Ohio Department of Health. These funds cannot be matched by other federal grant funds. Federal reporting is not required for the use of these funds. A total of \$1,231,250.00 is available for award each fiscal year. Budgets should be based on the Deliverable Objectives Compensation amounts in Appendix C2 and the number of women and partners projected to be served in the time period. Women and partners to be enrolled and served should be indicated in each budget section. Priority shall be given to those organizations that meet the requirements of the RFS and are in the geographic areas with the poorest birth outcomes.

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 or via ground delivery at Craig Gallagher, 246 North High Street, Columbus, Ohio 43215-by **4:00 p.m. by Monday, February 10, 2020**. Applications and required attachments received after this deadline will not be considered for review. Craig Gallagher, by phone at (614) 728-8371, or by email at [craig.gallagher@odh.ohio.gov](mailto:craig.gallagher@odh.ohio.gov).

**H. *Authorization:*** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166.]



- I. **Goals:** The Moms Quit for Two Program aims to ensure providers have the tools, training and technical assistance for treating tobacco use, by encouraging and coaching pregnant and parenting women and their partners to quit smoking. This program is part of a larger effort to promote smoking cessation and reduce secondhand smoke exposure among Ohio's most vulnerable population. The Ohio Department of Health (ODH) shall select local public or non-profit agencies that demonstrate the ability to deliver the evidence-based tobacco cessation intervention, Baby & Me Tobacco Free. The objective of this work is to develop and implement an eighteen (18) month demonstration project utilizing the Baby & Me Tobacco Free program in communities experiencing the highest incidence of infant mortality and/or prenatal smoking rates.

**Program Aims:**

- Improve birth outcomes
- Reduce low birth weights
- Reduce preterm birth rates
- Increase smoking quit rates during pregnancy and secondhand smoke exposure
- Increase smoking quit rates during the first twelve months postpartum

**Deliverables:**

Implement all aspects of the Mom's Quit for Two grant while utilizing the *Baby & Me, Tobacco Free Program* model including: orientation completed; partner and resource assessment completed; training completed; materials purchased; outreach and referral mechanisms established; smoking cessation counseling and monitoring sessions provided; vouchers distributed; and technical assistance secured. Letters of support from referring agencies must be obtained. Participation in program evaluation is expected.

- Attend Mom's Quit for Two Orientation Call
- Complete assessment of availability of services in community
- Develop and submit outreach plan to reach Mom's Quit for Two participants. Plan should include outreach to non-profit agencies e.g. WIC, Reproductive Health and Wellness and home visiting programs, day care centers, OB/GYN offices, and pediatric offices
- Submit Work Plan and include marketing mediums
- Complete Baby & Me Tobacco Free Program model Training
- Purchase training materials
- Purchase counseling and monitoring materials
- Utilize the Baby & Me Tobacco Free Program on-line referral system
- Submit evaluation plan
- Implement Baby & Me Tobacco Free to fidelity, which including the following:
  - Provide four (4) smoking cessation counseling and monitoring sessions per participant/partner during pregnancy.
  - Provide twelve (12) smoking cessation counseling and monitoring sessions per participant and partner during postpartum period.
  - Provide diaper vouchers to postpartum participants that are smoke free.
  - Participate in monthly technical assistance call to discuss aggregate data, review lessons learned and highlight success. **(provide call in sheet or e mail of attendance)**

- Use the Tableau business intelligence and data visualization tool to complete monthly progress reports and to monitor subgrantee progress toward meeting performance guidelines.
- Provide follow-up to ensure participant enrollment and retention.
- Participate in quarterly webinars to discuss performance and receive Mom's Quit for Two and Baby & Me Tobacco Free program updates.
- Provide data monthly to Baby & Me, Tobacco Free Program contact and progress reports to ODH monthly, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Optional: Complete Certified Tobacco Treatment Specialist (CTTS) training.  
<http://www.breathingassociation.org/>

**J. *Program Period and Budget Period:*** The program period will begin July 1, 2020 and end on June 30, 2021. The budget period for this application is July 1, 2020 through June 30, 2021.

**K. *Public Health Accreditation Board (PHAB) Standard(s):*** Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:

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

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

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

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

- Standard 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, 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.

**M. *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.

**N. *Human Trafficking*:** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
  1. At-risk population
  2. Mental health population
  3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable    ☐ Not Applicable to (INSERT PROGRAM NAME)

**O. *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.**

**P. *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 NOI AF. Please contact Craig Gallagher, by phone at (614) 728-8371, or by email at [craig.gallagher@odh.ohio.gov](mailto:craig.gallagher@odh.ohio.gov) with questions regarding this solicitation.

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

**R. *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 **February 10, 2020.**

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.**

**S. *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.

**T. *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.

**U. *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, Measureable, 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. Refer to Appendix D: Application Review Form for program specific review criteria and Appendix E: Proposal Requirements.
13. Describe all partnerships and collaborations. Submit memorandums of understandings from organizations that have programs funded by the Bureau of Maternal, Child and Family Health in its jurisdiction and identify all ODH programs that you are working with or proposed to work with.
14. Applicant has used data to identify specific geographic locations/census geographies for program interventions that reflect heavy tobacco use and poor birth outcomes.
15. Applicant has addressed the needs to sustain the program beyond grant funding, with a plan to bill for session costs that includes timelines and training needs.

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 Service.

**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 Maternal, Child and Family Health Services, Mom’s Quit for Two Program.

**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:

- a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. [Submit Monthly Progress Reports by the 10<sup>th</sup> of every month for the prior month, beginning August 10, 2020 and ending June 10, 2021 for the competitive cycle] **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>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<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>

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). 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>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<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 1 – 31, 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>
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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>July 1 – September 30, 2020</i>	<i>October 10, 2020</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>

*Note: Obligations not reported on 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, 2021 for the competitive cycle. 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;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH; Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items; and Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

**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 8 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:

<p><b>Complete &amp; Submit Via Internet</b></p>
--

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 (list each one or “NONE”)

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

Complete  
Copy &  
E-mail or  
Mail to  
ODH

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> 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 14 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 July 1, 2020 to June 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:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address. |

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

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in 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) or health system (e.g., accessibility, availability, affordability, appropriateness of health 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.

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

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

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

Provide a work plan, including a timeline, that demonstrates the understanding of the requirements of the project and detail how the entity proposes to accomplish this project and what resources are necessary to meet the deliverables. Describe follow-up activities in detail to address enrollment and retention. This includes using data to specify how much of the target audience

will be reached based on data provided by ODH on smoking and smoking cessation behaviors (Market Potential Report for Tobacco). Describe the methodologies, processes and procedures that will be utilized to implement and produce the Scope of Work. Describe personnel, facilities, equipment, materials, incentives and services that enable participation. Provide a staffing plan that includes a matrix matching each key staff with the staffing requirements for the project. Develop appropriate, cost effective, and sustainable use of workforce. A Certified Tobacco Treatment Specialist (TTS) is preferred to provide the individual counseling but is not required. Plan for sustaining positive outcomes beyond the funding period (such as cost savings, alternate funding sources, systems change).

The following are requirements of entities that wish to participate. Each item requires documentation that affirms compliance:

- Implement the *Baby & Me-Tobacco Free Program* per training guidelines.
- Have the space to provide smoking cessation counseling and monitoring sessions
- Purchase materials and technical assistance
- Provide In-kind resources including existing medical staff
- Volume of prenatal patients at one agency but may include partner agencies
- Provide follow-up to ensure participant enrollment and retention
- Provide detailed marketing plan
- Provide a detailed billing plan for sessions to ensure sustainability within one year of program implementation
- Describe ODH funded or Bureau of Maternal Child and Family Health grants you receive (including tobacco and home visiting) and the collaborative work with project directors and or community partners

Develop and submit an outreach plan based on the data-sets provided by ODH. This should include where activities will occur and the number of the target population to be reached based on the propensity of households that smoke. |

5. **Deliverables:** Implement Baby & Me- Tobacco Free Program (within first two months) including: orientation completed; partner and resource assessment completed; training completed; materials purchased; outreach and referral mechanisms established; smoking cessation counseling and monitoring sessions provided; vouchers distributed; and technical assistance secured. Note: Each deliverable must be budgeted using the respective deliverable – objective line item in GMIS. Refer to Appendix C 2 for Compensation amounts for budgeting.

**Deliverable – Objective 1: Hire and retain staff to implement deliverables**

- Hire/identify a full-time or part-time staff person to implement all deliverables. Paid based on retention of staff person, participation and completion of deliverable -objective 1 on a quarterly basis.
- Staff to be hired/identified within the first thirty days (by August 30, 2020) of the grant cycle.
- Identified staff for this deliverable will participate in monthly technical assistance calls with ODH staff to discuss aggregate data, recruitment and retention efforts, review lessons learned and highlight success or other areas identified by either party.
- Identified staff for this deliverable will provide follow-up (minimum of three attempts to contact participant) to ensure participant enrollment and retention.
- Identified staff for this deliverable will utilize the Tableau business intelligence and data

visualization to complete monthly progress reports to monitor progress toward meeting performance guidelines.

- Identified staff for this deliverable will provide data monthly to Baby & Me, Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Optional: Complete Certified Tobacco Treatment Specialist (CTTS) training.  
<http://www.breathingassociation.org/>

**Deliverable – Objective 2: Orientation**

- Attend Baby & Me- Tobacco Free Program in person training
- Optional: Complete Certified Tobacco Treatment Specialist (CTTS) training.

**Deliverable– Objective 3: Materials Purchased to serve participants**

- Purchase training materials.
- Purchase counseling and monitoring materials.
- Purchase CO monitoring materials.
- Purchase diaper vouchers.
- Print costs, brochures and advertising.

**Deliverable – Objective 4: Counseling**

- Provide four (4) smoking cessation counseling and monitoring sessions per participant/partner during pregnancy.
- Provide twelve (12) smoking cessation counseling and monitoring sessions per participant and partner during postpartum period.
- Provide up to (2) supplemental visits per participant/partner.

**Deliverables – Objective 5: Vouchers**

- Provide diaper vouchers to postpartum participants and partners that are smoke free.

**Deliverables – Objective 6: Monthly Reporting and Data Collection**

- Performance and Quality Improvement Process Reporting, Data Collection, and participation. Identified staff for this deliverable will participate in quarterly webinars and performance improvement project. Attend all ODH scheduled conference calls and webinars (quarterly and as necessary), receive monthly performance updates from ODH, submit clean and useful data to BMTF, respond to ODH for needs to clean data when necessary, utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring. Provide data monthly to Baby & Me- Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status).
- Complete and submit Service Agreement with Baby & Me-Tobacco Free Program and WELCO LKA, Inc.
- Submit an evaluation plan complete with a design for determining program success.

- 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](http://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](http://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 February 10, 2020**.

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C1.** Deliverable – Objective Descriptions
- C2.** Deliverable – Objective Allocations
- C3.** Deliverable Objective Compensations
- D.** Application Review Form
- E.** Proposal Requirements
- F.** 25% of eligible women for enrollment goals

**Submission Required**

See Due Date Below

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

**NOTICE OF INTENT TO APPLY FOR FUNDING**

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

*ODH Program Title:*  
Mom's Quit for Two

ALL INFORMATION REQUESTED MUST BE COMPLETE

Reimbursement Type Select one of the options below:  <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly
--

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

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

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

**Type of Applicant Agency** (Check One) ☐ County Agency ☐ Hospital ☐ Local Schools  
☐ City Agency ☐ Higher Education ☐ Not-for Profit

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

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

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

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

Agency Head (Print Name) \_\_\_\_\_

Agency Head (Signature) \_\_\_\_\_

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system?

YES ☐ NO ☐

If yes, no further action is needed.

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Karen [Tinslev@odh.ohio.gov](mailto:Tinslev@odh.ohio.gov) and copy [Craig.Gallaugh@odh.ohio.gov](mailto:Craig.Gallaugh@odh.ohio.gov) BY January 15, 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., 4<sup>th</sup> Floor, Columbus, Ohio 43215 Or

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program: Mom's Quit for Two**

**Budget Period: July 1, 2020 – June 30, 2021**

**# of Deliverables: 6**

**Use Budget Justification Scenario#: 1**

**100% Deliverables Only**

**Deliverable – Objective 1: Hire and retain staff to implement deliverables**

- Hire/identify a full-time or part-time staff person to implement all deliverables. Paid based on retention of staff person, participation and completion of deliverable - objective 1 on a quarterly basis.
- Staff to be hired/identified within the first thirty days (by August 30, 2020) of the grant cycle.
- Identified staff for this deliverable will participate in monthly technical assistance calls with ODH staff to discuss aggregate data, recruitment and retention efforts, review lessons learned and highlight success or other areas identified by either party.
- Identified staff for this deliverable will provide follow-up (minimum of three attempts to contact participant) to ensure participant enrollment and retention. Identified staff for this deliverable will utilize the Tableau business intelligence and data visualization to complete monthly progress reports to monitor progress toward meeting performance guidelines.
- Identified staff for this deliverable will provide data monthly to Baby & Me, Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Optional: Complete Certified Tobacco Treatment Specialist (CTTS) training. <http://www.breathingassociation.org/>

**Deliverable – Objective 2: Orientation**

- Attend Baby & Me- Tobacco Free Program in person training
- Optional: Complete Certified Tobacco Treatment Specialist (CTTS) training.

**Deliverable– Objective 3: Materials Purchased to serve participants**

- Purchase training materials.
- Purchase counseling and monitoring materials.
- Purchase CO monitoring materials.
- Purchase diaper vouchers.
- Print costs, brochures and advertising.

**Deliverable – Objective 4: Counseling**

- Provide four (4) smoking cessation counseling and monitoring sessions per participant/partner during pregnancy.
- Provide twelve (12) smoking cessation counseling and monitoring sessions per participant and partner during postpartum period.
- Provide up to (2) supplemental visits per participant/partner.

**Deliverables – Objective 5: Vouchers**

- Provide diaper vouchers to postpartum participants and partners that are smoke free.

**Deliverables – Objective 6: Monthly Reporting and Data Collection**

- Performance and Quality Improvement Process Reporting, Data Collection, and participation. Identified staff for this deliverable will participate in quarterly webinars and performance improvement project. Attend all ODH scheduled conference calls and webinars (quarterly and as necessary), receive monthly performance updates from ODH, submit clean and useful data to BMTF, respond to ODH for needs to clean data when necessary, utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring. Provide data monthly to Baby & Me- Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status).
- Complete and submit Service Agreement with Baby & Me-Tobacco Free Program
- and WELCO LKA, Inc.
- Submit an evaluation plan complete with a design for determining program success.

## Appendix C2

<b>Appendix C2</b>								Form# OFA-012
<b>Name of Subgrant Program:</b>		Moms Quit For Two						
<b>Budget Period:</b>		7/1/2020- 6/30/2021						
<b># of Deliverables:</b>		6 (all Deliverables Required)						
<b>Use Budget Justification Scenario #:</b>		Scenario 1						
<input type="checkbox"/> Base Only								
<input type="checkbox"/> Base and Deliverables								
<input checked="" type="checkbox"/> Deliverables Only								
The Budget is based on the number of Women and partners you plan to serve								
	Base	Deliverable - Objective 1 (Staffing/Technical Assistance)	Deliverable - Objective 2 (Orientation Training)	Deliverable - Objective 3 (Material Purchased)	Deliverable - Objective 4 (Counseling )	Deliverable - Objective 5 (Vouchers)	Deliverable - Objective 6 (Reports Data Collections)	Total
Subrecipient 1		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	See below
Subrecipient 2		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 3		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 4		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 5		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 6		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 7		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 8		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 9		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 10		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 11		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 12		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 13		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 14		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 15		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 16		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 17		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
Subrecipient 18		\$50,000 (\$12,500 per Quarter)	\$2,730 *up to 2 staff max	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	Amount Provided by Sub-Recipient	\$1,920 Maximum	
<b>Total</b>								\$1,123,250 not to exceed

# Appendix C3

<b>C2A Deliverables Objectives Compensation</b>						
<b>Name of Subgrant Program:</b>	<b>Moms Quit for Two</b>					
<b>Budget Period:</b>	<b>7/1/2020-6/30/2021</b>					
<b># of Deliverables:</b>	<b>6 (All deliverables are required.)</b>					
<b>Use Budget Justification Scenario #:</b>	<b>Scenario 1</b>					
<b><u>  X  </u> Deliverable Only</b>						
<b>\$1,123,250 available for all applicants</b>						
<b>The budget is based on the number of women and partners you plan to serve.</b>						
<b>Costs</b>	<b>Other Direct Costs Deliverable - Objective 1 Staffing/ Technical</b>	<b>Other Direct Costs Deliverable - Objective 2 Orientation Training</b>	<b>Other Direct Costs Deliverable - Objective 3 Materials Purchased</b>	<b>Other Direct Costs Deliverable - Objective 4 Counseling</b>	<b>Other Direct Costs Deliverable - Objective 5 e-Objective</b>	<b>Other Direct Costs Deliverable - Objective 6 Reports Data Collection</b>
<b>Deliverable 1:</b> Hire and retain staff to implement deliverables • Hire/identify a full-time or part-time staff person to implement all deliverables. Paid based on retention of staff person, participation and completion of deliverable-objective 1 on a quarterly basis. • Staff to be hired/identified within the first thirty days (by August 30, 2020) of the grant cycle. • Identified staff for this deliverable will participate in monthly technical assistance calls with ODH staff to discuss aggregate data, recruitment and retention efforts, review lessons learned and highlight success or other areas identified by either party. • Identified staff for this deliverable will provide follow-up (minimum of three attempts to contact participant) to ensure participant enrollment and retention. • Identified staff for this deliverable will utilize the Tableau business intelligence and data visualization to complete monthly progress reports to monitor progress toward meeting performance guidelines. • Identified staff for this deliverable will provide data monthly to Baby & Me, Tobacco Free and ODH, as directed by ODH, including program outputs: program engagement (enrollment and attendance data, gestational age, birth weight, and smoking free status). Optional: Complete Certified Tobacco Treatment Specialist (CTTS) training. <a href="http://www.breathingassociation.org/">http://www.breathingassociation.org/</a>	\$50,000 (\$12,500 per quarter) <i>if other amount, divide into quarterly amounts *</i>					
<b>Deliverable 2:</b> Attend in-person training						
<b>Deliverable 2:</b> Baby & Me- Tobacco Free Training Fee		\$730.00 one time *				
<b>Deliverable 2:</b> (Optional): Certified Tobacco Treatment Specialist (CTTS) training		\$1,000 per staff (up to 2 staff)				
<b>Deliverable 3:</b> Materials Purchased: Baby & Me- Tobacco Free Training Material Costs (manual)			\$62.50 per staff			
<b>Deliverable 3:</b> Baby & Me- Tobacco Free CO Monitoring Costs (CO monitor, mouth pieces, replacements, wipes, recalibration kit, saliva tests)			See below			
<b>Deliverable 3:</b> CoVita CO Monitor			\$558 per monitor			
<b>Deliverable 3:</b> Disposable Mouth Pieces			\$32.50 per box of 250			
<b>Deliverable 3:</b> D ring mouth piece replacements			\$ 94 each			
<b>Deliverable 3:</b> Sanitizing alcohol-free wipes			\$18 per box of 50			
<b>Deliverable 3:</b> Saliva Kits			\$57.50 per year			
<b>Deliverable 3:</b> Recalibration Kit			\$195 per year			
<b>Deliverable 3:</b> Educational materials (print costs, flyers, brochures, and marketing)			Up to \$1,800			

<b>Deliverable 4:</b> Counseling Prenatal session				\$25 per completed session, per person		
<b>Deliverable 4:</b> Counseling 1-3 months postpartum session smoke free				\$50 per completed session, per person		
<b>Deliverable 4:</b> Counseling 4-6 months postpartum session smoke free				\$75 per completed session, per person		
<b>Deliverable 4:</b> Counseling 7-9 months postpartum session smoke free				\$100 per completed session, per person		
<b>Deliverable 4:</b> Counseling 10-12 months postpartum session smoke free				\$125 per completed session, per person		
<b>Deliverable 4:</b> Counseling Supplemental Visits				\$12.50 per completed session, per person		
<b>Deliverable 5:</b> Vouchers (14 per enrollee) *					\$25.00 per voucher*	
<b>Deliverable 5:</b> Vouchers Processing Fee					\$4.00 per voucher*	
<b>Deliverable 5:</b> Voucher Print cost					\$1.23 per voucher	
<b>Deliverable 6:</b> Reporting/Data Collection/ Monthly Reports/ (\$160* per report for 12 months) Service agreement for BMTF						\$1,920 maximum *
<b>Deliverable 6:</b> Performance and Quality Improvement Process Reporting, Data Collection, and participation. Identified staff for this deliverable will participate in quarterly webinars and performance improvement project. Attend all ODH scheduled conference calls and webinars (quarterly and as necessary), receive monthly performance updates from ODH, submit clean and useful data to BMTF, respond to ODH for needs to clean data when necessary, utilize Tableau to pull reports, review recruitment and retention, enrollment, and progress with sessions and CO monitoring. Complete and submit Service Agreement with Baby & Me-Tobacco Free Program and WELCO LKA, Inc. Submit an evaluation plan complete with a design for determining program success.						
* Deliverable amounts amended 6/19/2019 to accommodate new pricing.						

<b>Application Review Form Moms Quit for Two Program (FY2021)</b> Applicant Agency _____ GMIS # _____ Reviewer Name _____ Requested Funding \$ _____	
<u>Project Narrative.</u> Organization's mission, past projects and stewardship of funds awarded previously. Describe strategies, activities and programs offered to address target population. Describe burden of health disparities/inequities. Number of years doing business related to this Project. Relevant experience in organizing, designing and implementing programs to promote smoking cessation. Description of financial stability to meet the Project requirements and deadlines. Member of, or plans to be a member of, OCPIM, OEI and TFOA.	(15)
<u>Description of Applicant Agency.</u> Describe how lead agency will manage the program and their capacity to communicate effectively with diverse audiences. Address staff hiring/training needs, experience and Project responsibilities. Evidence that personnel, internal procedures and other resources necessary to ensure successful performance and contract compliance is in place.	(10)
<u>Target Population/Problem Need.</u> Organization's ability to understand the target population and how <i>Baby &amp; Me, Tobacco Free</i> can benefit these women. (Includes baseline data including the annual # of pregnant women, % of pregnant women participating in Medicaid, % of pregnant women racial and ethnic distribution, low birth weight and preterm births as well as prenatal smoking data.) Includes a description of other agencies/organizations in area also addressing problem/need, how they may be involved in project (if at all), and how potential duplication of services will be avoided.	(10)
<u>Community.</u> Organization's ability to understand the community's infant mortality rates and smoking rates and their impact. Awareness of partner agencies and description of plans to collaborate. Organization's ability to adopt and implement the program. Describe the recruitment/ Outreach plan. Letters of support from partner referral agencies obtained.	(15)
<u>Work Plan.</u> Organization's overall Project plan to meet deliverables including project objectives, activities, persons responsible, resources, and timeline. Organization's plan for sustaining positive outcomes beyond the funding period (such as cost savings, alternate funding sources, systems change).	(25)
<u>Budget Narrative/Justification.</u> Describes how deliverable costs are derived. Discusses the necessity, reasonableness, and allocation of funds to support program implementation. Describes specific functions of personnel. Submitted correct Deliverable Funding only based budget. Budget justification line items in same order as in GMIS budget.	(15)
<u>Measurements.</u> Evaluation plan and tools including a design for determining program success. Report measurements to <i>Baby &amp; Me, Tobacco Free</i> and ODH. Certified Tobacco Treatment Specialist (TTS) preferred but not required to provide individual sessions.	(10)
<u>Human Trafficking</u> Applicant provides explanation of how it addresses the needs of victims of human trafficking and how victims of human trafficking are included in the agency's target population (at-risk population: mental health population, and/or homeless population). And agency promotes the expansion of services to identify and serve those affected by human trafficking.	(10) bonus

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**EXTERNAL REVIEWER RECOMMENDED ACTION:**

The following criteria constitute grounds for disapproval of applications:

1. Incompleteness of grant proposal or inconsistency with BMCFH goals and/or the purpose of the ODH Moms Quit for Two program and RFS); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by BMCFH review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project's current resources

### Strengths:

[illegible]

**Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



**Proposal Requirements Moms Quit for Two Program (FY 2021)**

**Organization.**

- Describe the organization's mission.
- Demonstrate acceptable past performance on similar projects in the targeted communities with high risk women.
- Describe burden of health disparities/inequities
- Demonstrate financial stewardship of grant funds awarded previously.
- Demonstrate membership or plans to join OCPIM, local OEI teams (as appropriate) and TFOA.

**Community.**

- Provide current statistics of infant mortality rates in your community. Include baseline data of low birth weight and preterm births as well as prenatal smoking data. Specify if the data relates to areas that have already been identified for having higher than expected poor birth outcomes.
- Describe the impacts of these rates on your community.
- Describe your collaboration with prenatal home visitation programs.
- Provide letters of support from referral agencies.

**Target Population.**

- Describe your organization's target population regarding age, race and ethnicity. Please use race and ethnicity standards used by the U.S. Census.
- What is your organization's experience with the target population of the project?
- What needs/problems would your organization address with this project? This includes social determinants of health that contribute to increased tobacco use.
- How will this project impact the needs of your organization's target population?
- Provide baseline data about pregnant women served by agency (including the annual # of pregnant women, % of pregnant women participating in Medicaid, % of pregnant women racial and ethnic distribution, low birth weight and preterm births as well as prenatal smoking data).

## Appendix F

County	# of Residents who Gave Birth in 2018*	# of Mothers who Smoked in 3 Months Prior to Pregnancy, 2018*	# of Mothers who Smoked in First Trimester, 2018*	# of Mothers who Smoked in Second Trimester, 2018*	# of Mothers who Smoked in Third Trimester, 2018*	% Mothers Who Smoked 3 Mths. Prior to Pregnancy, 2018*	% Mothers Who Smoked First Trimester, 2018*	% Mothers Who Smoked Second Trimester, 2018*	% Mothers Who Smoked Third Trimester, 2018*	25% of eligible women for enrollment goals
Adams	358	108	95	89	88	30.2	26.5	24.9	24.6	24
Allen	1216	295	233	207	195	24.3	19.2	17.0	16.0	58
Ashland	618	115	90	78	77	18.6	14.6	12.6	12.5	23
Ashtabula	1095	320	257	228	213	29.2	23.5	20.8	19.5	64
Athens	474	137	110	97	91	28.9	23.2	20.5	19.2	28
Auglaize	542	85	65	56	53	15.7	12.0	10.3	9.8	16
Belmont	583	176	129	109	100	30.2	22.1	18.7	17.2	32
Brown	495	138	104	92	85	27.9	21.0	18.6	17.2	26
Butler	4447	724	560	485	465	16.3	12.6	10.9	10.5	140
Carroll	264	60	51	48	45	22.7	19.3	18.2	17.0	13
Champaign	414	84	65	59	55	20.3	15.7	14.3	13.3	16
Clark	1530	364	282	247	235	23.8	18.4	16.1	15.4	71
Clermont	2272	485	371	324	311	21.3	16.3	14.3	13.7	93
Clinton	446	141	103	94	91	31.6	23.1	21.1	20.4	26
Columbiana	973	220	194	179	175	22.6	19.9	18.4	18.0	49
Coshocton	455	116	88	72	68	25.5	19.3	15.8	14.9	22
Crawford	446	154	117	105	105	34.5	26.2	23.5	23.5	29
Cuyahoga	13592	1476	1064	886	833	10.9	7.8	6.5	6.1	266
Darke	623	131	104	94	92	21.0	16.7	15.1	14.8	26
Defiance	393	76	58	49	49	19.3	14.8	12.5	12.5	15
Delaware	2088	142	96	75	71	6.8	4.6	3.6	3.4	24
Erie	801	182	129	106	102	22.7	16.1	13.2	12.7	32
Fairfield	1680	305	236	204	191	18.2	14.0	12.1	11.4	59
Fayette	356	99	76	73	73	27.8	21.3	20.5	20.5	19
Franklin	17938	2146	1552	1329	1243	12.0	8.7	7.4	6.9	388
Fulton	462	86	44	37	36	18.6	9.5	8.0	7.8	11
Gallia	365	71	65	63	61	19.5	17.8	17.3	16.7	16
Geauga	945	103	67	55	53	10.9	7.1	5.8	5.6	17
Greene	1693	213	160	140	133	12.6	9.5	8.3	7.9	40
Guernsey	427	130	110	95	92	30.4	25.8	22.2	21.5	28
Hamilton	10508	1400	988	828	774	13.3	9.4	7.9	7.4	247
Hancock	847	155	112	98	92	18.3	13.2	11.6	10.9	28
Hardin	364	83	69	59	57	22.8	19.0	16.2	15.7	17
Harrison	139	38	30	30	30	27.3	21.6	21.6	21.6	8
Henry	310	61	42	32	30	19.7	13.5	10.3	9.7	11
Highland	561	162	124	111	106	28.9	22.1	19.8	18.9	31
Hocking	284	74	56	48	48	26.1	19.7	16.9	16.9	14
Holmes	796	45	33	30	31	5.7	4.1	3.8	3.9	8
Huron	701	190	146	125	125	27.1	20.8	17.8	17.8	37
Jackson	421	110	97	95	91	26.1	23.0	22.6	21.6	24
Jefferson	640	212	168	149	146	33.1	26.3	23.3	22.8	42
Knox	764	140	103	91	90	18.3	13.5	11.9	11.8	26
Lake	2181	348	230	200	188	16.0	10.5	9.2	8.6	58
Lawrence	537	141	127	114	108	26.3	23.6	21.2	20.1	32
Licking	1978	403	303	268	253	20.4	15.3	13.5	12.8	76
Logan	560	152	123	103	93	27.1	22.0	18.4	16.6	31
Lorain	3153	607	439	369	343	19.3	13.9	11.7	10.9	110
Lucas	5339	972	685	567	538	18.2	12.8	10.6	10.1	171
Madison	421	91	65	55	53	21.6	15.4	13.1	12.6	16
Mahoning	2310	458	412	368	355	19.8	17.8	15.9	15.4	103
Marion	730	270	219	190	182	37.0	30.0	26.0	24.9	55
Medina	1657	184	138	111	105	11.1	8.3	6.7	6.3	35
Meigs	208	68	60	55	53	32.7	28.8	26.4	25.5	15
Mercer	642	68	52	46	47	10.6	8.1	7.2	7.3	13
Miami	1168	222	165	140	129	19.0	14.1	12.0	11.0	41
Monroe	124	35	28	23	22	28.2	22.6	18.5	17.7	7
Montgomery	6360	803	642	591	572	12.6	10.1	9.3	9.0	161
Morgan	133	42	35	33	34	31.6	26.3	24.8	25.6	9
Morrow	386	78	59	50	50	20.2	15.3	13.0	13.0	15
Muskingum	1014	245	175	145	137	24.2	17.3	14.3	13.5	44
Noble	149	30	25	24	24	20.1	16.8	16.1	16.1	6
Ottawa	322	59	42	27	25	18.3	13.0	8.4	7.8	11
Paulding	215	59	43	40	38	27.4	20.0	18.6	17.7	11
Perry	405	112	87	80	78	27.7	21.5	19.8	19.3	22
Pickaway	624	131	101	88	89	21.0	16.2	14.1	14.3	25
Pike	338	126	101	84	83	37.3	29.9	24.9	24.6	25
Portage	1375	289	218	191	183	21.0	15.9	13.9	13.3	55
Preble	431	87	72	64	59	20.2	16.7	14.8	13.7	18
Putnam	410	49	30	29	28	12.0	7.3	7.1	6.8	8
Richland	1342	306	236	214	210	22.8	17.6	15.9	15.6	59
Ross	842	253	210	191	189	30.0	24.9	22.7	22.4	53
Sandusky	626	154	109	89	82	24.6	17.4	14.2	13.1	27
Scioto	803	242	201	186	186	30.1	25.0	23.2	23.2	50
Seneca	606	172	127	113	105	28.4	21.0	18.6	17.3	32
Shelby	598	123	89	73	78	20.6	14.9	12.2	13.0	22
Stark	3976	736	623	557	536	18.5	15.7	14.0	13.5	156
Summit	5859	870	707	627	604	14.8	12.1	10.7	10.3	177
Trumbull	2041	539	487	407	395	26.4	23.9	19.9	19.4	122
Tuscarawas	1112	173	134	118	115	15.6	12.1	10.6	10.3	34
Union	693	97	70	56	56	14.0	10.1	8.1	8.1	18
Van Wert	319	82	65	59	57	25.7	20.4	18.5	17.9	16
Vinton	138	33	31	29	29	23.9	22.5	21.0	21.0	8
Warren	2321	243	188	172	161	10.5	8.1	7.4	6.9	47
Washington	538	115	92	79	78	21.4	17.1	14.7	14.5	23
Wayne	1445	192	144	123	120	13.3	10.0	8.5	8.3	36
Williams	398	100	70	56	54	25.1	17.6	14.1	13.6	18
Wood	1248	173	108	84	81	13.9	8.7	6.7	6.5	27
Wyandot	228	57	36	34	33	25.0	15.8	14.9	14.5	9
Source: ODH Bureau of Vital Statistics, 2018 Birth File										
* Data is preliminary										