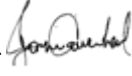




MEMORANDUM

Date: April 26, 2022

To: Community Health Workers Workforce Development Initiative Competitive Applicants

From: Jamie Carmichael, Chief Health Opportunity Advisor 
Office of Health Opportunity
Ohio Department of Health

Subject: Notice of Availability of Funds
September 1, 2022 – May 31, 2023

The Ohio Department of Health's (ODH) Office of Health Opportunity (OHO) announces the availability of funds to support the Community Health Workers Workforce Development Initiative.

All applications and attachments are due by 4:00 p.m. on Monday, June 6, 2022. Electronic applications received after Monday, June 6, 2022, will not be considered for funding. Faxed, hand-delivered, or mailed applications will not be accepted.

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

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions, please contact Lei'Ana Riggs at Leiana.Riggs@odh.ohio.gov.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, May 2, 2022, from 11:00AM to 12:15PM**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting Link

[Click here to join the meeting](#)

Call-in Information

+1 614-721-2972 Conference ID: 915 585 73#

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

The Bidders' Conference will attempt to be recorded, but we cannot guarantee the availability of a recording.

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

Important Date Reminders:

- Bidders' Conference— Monday, May 2, 2022, from 11:00AM to 12:15PM
- Notice of Intent to Apply for Funds (Appendix A)—Wednesday, May 4, 2022, by 4:00PM
- ODH GMIS 2.0 Form (Appendix B), *if applicable*—Wednesday, May 4, 2022, by 4:00PM
- Applications Due—Monday, June 6, 2022, by 4:00PM

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTH OPPORTUNITY

Community Health Worker Workforce Development Initiative
SOLICITATION FOR FISCAL YEAR 2022
(9/1/2022- 5/31/2023)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose	3
D.	Qualified Applicants	3
E.	Service Area	4
F.	Number of Grants and Funds Available	4
G.	Due Date	4
H.	Authorization	4
I.	Goals	4
J.	Program Period and Budget Period	5
K.	Public Health Accreditation Board Standards	5
L.	Public Health Impact Statement	5
M.	Human Trafficking	7
N.	Appropriation Contingency	7
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	7
P.	Acknowledgment	8
Q.	Late Applications	8
R.	Successful Applicants	8
S.	Unsuccessful Applicants	8
T.	Review Criteria	8
U.	Freedom of Information Act	9
V.	Ownership Copyright	9
W.	Reporting Requirements	9
X.	Special Condition(s)	11
Y.	Unallowable Costs	11
AA.	Audit	11
AB.	Submission of Application	12
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	13
B.	Budget	13
C.	Assurances Certification	14
D.	Project Narrative	14
E.	Civil Rights Review Questionnaire – EEO Survey	15
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	15
G.	Attachment(s)	16
III.	APPENDICES	
A.	Notice of Intent to Apply for Funding	
B.	GMIS Access Request Form	
C.	C1. Deliverable – Objective Descriptions C2. Deliverable – Objective Allocations	
D.	Application Review Form	
E.	Rural Counties List	
F.	Workplan Template	

- G. Funding Matrix
- H. Monthly Status Report Template

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, [insert date] so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

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

Budget Justification Certification language

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

B. Application Name: Community Health Worker Workforce Development Initiative

C. Purpose: To assist Community and Health Organizations with retaining, recruiting and professional development of community health workers (CHWs) with the intent of expanding access to community health worker services to various populations, across the state of Ohio, and especially in Ohio's Health Improvement Zones.

Community and Health Partners must identify activities that address one or more of the areas of focus identified below. Applicants may propose to implement more than one key activity.

- **Key Activity 1: Recruitment**
 - The process of identifying, attracting, screening, and interviewing, hiring, and onboarding new candidates.
- **Key Activity 2: Retention**
 - Efforts designed to retain existing staff in the role of Community Health Worker, Community Health Worker Supervisor, Community Health Worker Recruit and reduce turnover through cultivating a positive work environment.
- **Key Activity 3: Professional Development**
 - Includes a wide variety of specialized training, formal education, or advanced professional learning, and mental wellness supports intended to help all entry-level staff and leadership to improve their professional knowledge, competence, skill, and effectiveness.

D. Qualified Applicants: Hospitals; primary care networks; local health departments; Pathways HUBs; community health worker agencies or associations; settlement houses; refugee resettlement agencies; faith-based organizations with demonstrated experience in providing health and / or social services; schools; school-based health centers; federally qualified health centers; charitable health networks; rural health clinics; migrant rest centers; and community health coalitions and other non-profit/community-based organizations or other organizations that commonly or characteristically serve ethnic and racial minorities and employ community health workers.

Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.

3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, June 6, 2022.**

E. Service Area: Applicants should commonly or characteristically provide services to one or more of the Ohio Health Improvement Zones (OHIZ) in the state. OHIZ refer to any community with a US Centers for Disease Control, Agency for Toxic Substance and Disease Registry (CDC/ADSTR) Social Vulnerability Index (SVI) Score of .75 or higher. The SVI measures 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. The SVI uses the most current data available from the US Census Bureau American Community Survey 5-year estimates (2014-2018) to assign each census tract in the nation a score ranging from 0 – 1, detailing areas of high and areas of low SVI. The SVI is comprised of 15 indicators grouped into 4 themes: socioeconomic status, household composition and disability, minority and language, and housing and transportation. Census tracts with scores of .75 and greater are designated as Ohio’s Health Improvement Zones. For more information on Ohio’s Health Improvement Zones visit:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

F. Number of Grants and Funds Available: A total of \$2,000,000 will be awarded. Awards will be capped at \$100,000 per organization. Applicants must briefly describe the deliverables/activities that they will be implementing, and the allowable associated costs.

Acceptable use of funds may include:

- Community Health Worker Staffing or Hiring Bonuses
- Community Health Worker compensation or wages
- Educational materials for CHW and CHW supervisors, including printing
- Mileage/travel related to Community Health Worker duties
- Fees for relevant training courses and conferences
- Technology support (e.g., hot spots, computer lab rental, tablets)
- Hiring new staff or increasing the wage of current staff
- Paying for training or other professional development opportunities
- Traveling to and attendance at job fairs and community health worker training courses to recruit an inclusive workforce
- Purchasing hotspots to support virtual training, case management, services (e.g., registering someone for vaccination while on a home visit) or data entry
- Paying for Community Health Worker self-care and compassion fatigue supports.
- Implementing an Ohio Board of Nursing-approved CHW training program

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 by mail to the Office of Health Opportunity, Ohio Department of Health, 246 N. High St. Columbus, OH 43215 by **4:00 p.m. by Monday, June 6, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Please contact Lei’Ana Riggs at (614) 980-4253 or LeiAna.Riggs@odh.ohio.gov in the Office of Health Opportunity with any questions.

H. Authorization: Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.391.

I. Goals: To build or expand the infrastructure to support community health workers with the goal of improving capacity

of CHWs and the organizations that employ them to address social determinants of health for those living in Ohio Health Improvement Zones.

Priorities for the Office of Health Opportunity include:

- Establish health equity as a pillar in Ohio's public health system to improve health outcomes for everyone.
- Elevate and address the Social Determinants of Health.
- Improve clinical experiences and outcomes for minorities and other underserved populations.
- Ensure an equitable response to COVID-19

J. Program Period and Budget Period: The project and budget period dates for the Community Health Worker Workforce Development Grant is from September 1, 2022 to May 31, 2023.

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

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 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.)

- a. Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- b. Identify Ohio Health Improvement Zones (i.e., census tract FIPS codes) to specify where program services are typically provided.
- c. 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.
- d. 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.
 - 2030 Target Setting Methodologies for Objectives in Healthy People 2030:
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- e. Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- a. Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in Healthy People 2030, the State Health Improvement Plan (SHIP) and local Community Health Assessments. Local Health Departments may provide their Community Health Improvement Plans on their websites.
 - Healthy People 2030: <https://health.gov/healthypeople>
 - State Health Improvement Plan (SHIP): <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Local County Health Assessments: <https://odh.ohio.gov/about-us/Local-Health-Departments/Population-Health-Plans-Assessments>
 - Ohio Public Health Information Warehouse: <https://publicapps.odh.ohio.gov/EDW/DataCatalog>
- b. Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- c. 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.

- d. Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local businesses, universities, healthcare, parks and recreation) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

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

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

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

Health disparities are unnatural and can be attributed to life circumstances such as, socioeconomic status, race or 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 health food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and are referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

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

☐ Applicable ☒ Not Applicable to Ohio Health Improvement Zones Pilot Project

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Lei'Ana Riggs at (614) 980-4253 or LeiAna.Riggs@odh.ohio.gov in the Office of Health Opportunity 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 sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, June 6, 2022, at 4:00 p.m.**

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.**

R. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

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

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

1. Work plan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and objectives of the Ohio Health Improvement Zones Pilot Project for which grant dollars are being made available;
3. Is well-executed and demonstrates Applicant capacity and capability of attaining program objectives;
4. Describes Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines 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 that reflect the communities served through grant funds;
7. Provides plans for evaluation, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to Ohio Grants Administrative Policies and Procedures (OGAPP);
11. Explicitly identifies specific OHIZ and/or minority or rural communities, who experience a disproportionate burden of diseases; health condition(s); and describes how the Applicant will engage with those communities.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation; and
13. Review the Application Review Form (Appendix D) for further details of scoring.

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

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.
- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

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

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Office of Health Opportunity, Ohio Health Improvement Zones Pilot Program and as a sub-award of a grant issued by Centers for Disease Control and Prevention's National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities grant, grant award number 1NH75OT000070-01-00 and CFDA number 93.391."

- W. Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

Reports shall be submitted as follows:

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name (WD23) and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
September 1 - September 30, 2022	October 10, 2022
October 1 - October 31, 2022	November 10, 2022
November 1 – November 30, 2022	December 10, 2022
December 1 – December 31, 2022	January 10, 2023
January 1 – January 31, 2023	February 10, 2023
February 1- February 28, 2023	March 10, 2023

March 1 – March 31, 2023	April 10, 2023
April 1 – April 30, 2023	May 10, 2023

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

2. Required Meetings

Dates for the required meeting listed below will be provided after a notice of award is issued.

- a. Kickoff Meeting
- b. Monthly Technical Assistance Calls
- c. Quarterly Collaborative Meeting

3. Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAP). 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
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023

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

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

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

- a. **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 July 5, 2023. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and

constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.
- Y. Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Contributions to a contingency fund;
 6. Entertainment;
 7. Fines and penalties;
 8. Membership fees — unless related to the program and approved by ODH;
 9. Interest or other financial payments (including but not limited to bank fees);
 10. Contributions made by program personnel;
 11. Costs to rent equipment or space owned by the funded agency;
 12. Inpatient services;
 13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
 16. Vehicle purchase; and
 17. Construction costs.

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 15 pages (**excludes** appendices, attachments, budgets, and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module

10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Proposal Checklist and Coversheet
13. Work Plan Template
14. Funding Matrix

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

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit
(Latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program, however funds can be matched with other private and public partner funds that are not federal in origin. 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.

Primary Reason and Justification Pages: Provide a budget justification narrative outlining how the deliverable will be met. A budget justification narrative example is available at [Budget Justification Base and Deliverable Example Effective March 13 2020.doc](#)

1. **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period of September 1, 2022, to May 31, 2023.

The applicant shall retain all original fully executed contracts on file.

2. **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 sub-recipient must submit the Assurances (Federal and State Assurances for sub-recipients) 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 services, and programs to be offered in support of project objectives and what agency or agencies will provide those services and how services will address public health problems (e.g., access, health disparities, health inequities).

- i. Describe the population impacted by the proposal including the demographic characteristics of the OHIZ served by the organization. Use the [Ohio Health Improvement Zones Dashboard](#) or CDC/ADSTR's SVI and other local data to describe the OHIZ served by the Applicant.
- ii. Use the Rural Counties List (Appendix E) to indicate what rural counties the Applicant will serve, if applicable.
 - Proposals will receive 10 priority points if their proposal serves an Appalachian County identified on the Rural Counties List.
- iii. Identify which Key Activity or Activities the applicant plans to implement. 1) Recruit 2) Retain and /or 3) Professional Development

2. APPLICANT DESCRIPTION

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.

- i. Include details associated with the Applicant Organization as follows: type (e.g., public/not-for-profit); governing structure (e.g., Boards, Advisory Committees, etc.); history (date established, major accomplishments etc.); mission and vision; staffing; current activities and services; track record in serving vulnerable populations such as racial and ethnic minority, rural, low-income, and/or special needs populations including those with limited English proficiency, who are not literate, have low literacy skills, and individuals with disabilities.
- ii. Include a statement regarding the agency's understanding of the social determinants of health; policy, systems; and health equity. Describe how these key concepts fit with the mission and work of the organization.
- iii. Describe how the Applicant Organization has involved residents, the public and stakeholders in making decisions that impact the community.

4. PROBLEM STATEMENT- Identify and describe the local health system concern(s) that will be addressed by providing workforce development opportunities to CHWs. Only restate national and state data if local data is not available. The specific concerns that the program intends to address should be stated in terms of health systems indicators (e.g., accessibility, availability, affordability, or appropriateness). The indicators should be measurable to serve as baseline data upon which evaluation can be based.

5. 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 work plan using the template provided in Appendix F to identify program

objectives and activities and the start and completion dates for each. Applicants should address the following in their proposals:

- i. Delineate the organization's ability to fully implement project goals, objectives, and deliverables upon notification of the grant award and describe how the proposed project will be integrated into the existing organizational structure and previously established programs.
- ii. Describe the management, oversight, and decision-making process for the implementation of the project activities.
- iii. Describes specific work responsibilities of each staff member with an emphasis on the duties each staff member will assume to achieve project goals, objectives, and deliverables (e.g., name, role, key responsibilities, duties).
- iv. Submit CVs for all staff provided as an attachment to this proposal.
- v. Describe how the project will be managed in relation to COVID-19 including how goals, objectives and deliverables will be met with consideration of staff illness and shortages, maintaining the safety of staff, and providing opportunities for meaningful engagement when in-person activities are not safe or feasible.
- vi. Applicants are required to submit a work plan with their proposal. See Appendix F for the Work Plan template. The work plan must include targets for the number of:
 - Newly hired CHWs
 - Services and supports provided to CHW staff and supervisors
 - Reduction in CHW turnover compared to the previous 3-year average.
 - New CHW provided services in the priority service area
 - Number of patients or clients served through CHWs in the service area.

6. BUDGET NARRATIVE

The Budget Narrative should represent the resources needed to accomplish the proposed activities within the proposals for the project period September 1, 2022, to May 31, 2023. If continuation funding or a no-cost extension become available, awarded Applicants may be required to submit additional budgets.

- i. Complete a ODH Funding Matrix (Appendix G) and include it as an attachment to this proposal. ODH will review this matrix in conjunction with your proposal to ensure that funds awarded by ODH are not being utilized to duplicate existing services.
- ii. Proposals will receive 10 priority points if their budget narrative includes matching funds.

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

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://sam.gov/content/home>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application and do not count toward the maximum page count but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number WD23. 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 of **4:00 p.m. on June 6, 2022.**

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation Request
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D. Application Review Form
- E. Rural Counties List
- F. Work Plan Template
- G. Funding Matrix
- H. Monthly Status Report Template

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 Health Opportunity

ODH Program Title:

COMMUNITY HEALTH WORKER WORKFORCE
DEVELOPMENT INITIATIVE (WD23)

Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

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

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. TO THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Lei'Ana Riggs, LeiAna.Riggs@odh.ohio.gov BY May 4, 2022.

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

Appendix B

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

GMIS Training, User Access, Access Change or Deactivation Request

<p>One request per person. Requests <u>will only</u> 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. <i>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.</i></p> <p>Date: _____</p> <p>Check the type of access and complete the information requested:</p> <p><input type="checkbox"/> Employee — needs GMIS Training</p> <p><input type="checkbox"/> New Employee — needs GMIS Access. Effective Date of Activation: _____</p> <p><input type="checkbox"/> Existing Employee — New GMIS User or GMIS User Access Change.</p> <p>Effective/Change Date: _____</p> <p><input type="checkbox"/> 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): _____</p> <p><u>Or</u> Effective Date of Deactivation (GMIS 2.0 access only): _____</p> <p>Agency Name & Address: _____</p>	
Employee Name (no nicknames): _____	
Employee Job Title: _____	
Employee Office Phone Number: _____	
Employee Office Fax Number: _____	
Employee Office Email Address: _____	
<p>User Access Section: Please check all that applies and enter requested information: Email</p> <p>Notifications: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>GMIS Project Number(s) user needs access to: _____</p> <p>_____</p> <p>_____</p>	
<p>Authorization Signature for User Access/Change/Deactivation:</p> <p>_____</p> <p>Signature of Agency Head or Agency Financial Head Printed Name of Agency Head or Agency Financial Head</p>	
<p>To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____</p>	
<p>Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546</p> <p>Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 <u>Or</u></p> <p>Scan & Email: karen.tinsley@odh.ohio.gov</p>	

Appendix C1 – Deliverable Descriptions

Name of Subgrant Program: CHW Workforce Development Initiative

Budget Period: September 1, 2022 – May 31, 2023

of Deliverables: 12 X Deliverables Only

Deliverable – Objective 1: Engage in CHW Workforce Development Initiative Project Onboarding

1.1 DUE WITHIN 15 DAYS OF AWARD

All Project Leads provided in the work plan will participate in the new grant year virtual kick-off meeting with OHO staff (up to 4 hours) to review scope of work, activities and reporting requirements.

1.2 DUE WITHIN 15 DAYS OF AWARD

All project staff listed in the work plan submitted with the application must sign up for the [ODH Health Opportunity Weekly Newsletter](#).

Subrecipients are expected to engage during project meetings (e.g., turn on camera, respond to discussion questions, polls, etc.). Successful completion of meeting deliverables include:

1. Subrecipients must have at least one project staff member or appropriate delegate in attendance at each meeting.
2. ODH will document attendance using any of the following means: virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
3. When demonstrating attendance, representatives must indicate which projects they serve to receive credit for attendance.
4. If you are attending on behalf of someone else, do not provide their name. Provide your own name and the project the person is representing.

Deliverable- Objective 2: Evaluation Plan

2.1 DUE WITHIN 30 DAYS OF AWARD

Develop and implement an Evaluation Plan that describes plans to accurately and securely collect and monitor project-specific data. The deliverable is met when a complete and accurate Evaluation Plan is uploaded into GMIS.

Deliverable- Objective 3: Communications Plan

3.1 DUE WITHIN 30 DAYS OF AWARD

Establish a formal plan that expresses the goals and methods of the project, including how information will be shared among CHWs, stakeholders and the community. This includes distribution of resources and information in a culturally and linguistically appropriate manner (e.g., providing translation and interpretation services, paid advertising, and printed flyers and handouts). The deliverable is met when a complete and accurate Communications Plan is submitted in GMIS.

Deliverable- Objective 4: CHW Engagement

4.1 DUE WITHIN 60 DAYS OF AWARD

Establish a formal plan to engage CHWs or CHW supervisors and / or CHW recruits in Key Activities. The deliverable is met when a complete and accurate Engagement Plan is submitted in GMIS. ODH guidance for this deliverable will be provided to applicants after award.

4.2 DUE WITHIN 90 DAYS OF AWARD

Provide results of the CHW Needs Assessment Survey provided by ODH. ODH guidance for this deliverable will be provided to applicants after award. Survey completion will be monitored by ODH. The deliverable is met when the survey is completed.

4.3 DUE WITHIN 180 DAYS OF AWARD

Provide a CHW Engagement Improvement Plan to address opportunities for improvement identified in the CHW Needs Assessment Survey. ODH guidance for this deliverable will be provided to applicants after award. The deliverable is met when the Community Engagement Improvement Plan is uploaded into GMIS.

Deliverable- Objective 5: Monthly Status Reports

5.1 DUE MONTHLY STARTING SEPTEMBER 2022

Provide status of the Project and progress towards performance goals and objectives every month by the 10th of each month. The deliverable is met with the Monthly Status Report Template (Appendix H) is uploaded in GMIS.

Deliverable – Objective 6: Monthly Technical Assistance meetings

6.1 DUE MONTHLY

Subrecipient will attend monthly technical assistance meetings (up to 1 hour) in Microsoft Teams at a time coordinated with ODH.

Subrecipients are expected to engage during project meetings (e.g., turn on camera, respond to discussion questions, polls, etc.). Successful completion of meeting deliverables include:

5. Subrecipients must have at least one project staff member or appropriate delegate in attendance at each meeting.
6. ODH will document attendance using any of the following means: virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
7. When demonstrating attendance, representatives must indicate which projects they serve to receive credit for attendance.
8. If you are attending on behalf of someone else, do not provide their name. Provide your own name and the project the person is representing.

Deliverable – Objective 7: Quarterly Collaborative Meeting

7.1 DUE QUARTERLY (OCTOBER 2022, JANUARY 2023, APRIL 2023)

Subrecipient will attend quarterly meetings (up to one hour) to participate in shared learning and practice with other subrecipients throughout the region and/or state.

Subrecipients are expected to engage during project meetings (e.g., turn on camera, respond to discussion questions, polls, etc.). Successful completion of meeting deliverables include:

1. Subrecipients must have at least one project staff member or appropriate delegate in attendance at each meeting.
2. ODH will document attendance using any of the following means: virtual meeting sign-in, post-meeting surveys, or other opportunities identified by ODH prior to, during, or following the meetings.
3. When demonstrating attendance, representatives must indicate which projects they serve to receive credit for attendance.
4. If you are attending on behalf of someone else, do not provide their name. Provide your own name and the project the person is representing.

Deliverable- Objective 8: Impact Report

8.1 DUE APRIL 2023

Submit a *draft* Impact Report summarizing progress toward goals and objectives for Key Activities. Reports will include final metrics, progress toward goals, key activity objectives and work plans established (e.g., Engagement and Communication Plans, CHW Needs Assessment). ODH guidance for this deliverable will be provided to subrecipients after notice of award. The deliverable is met when a *draft* Impact Report is submitted in GMIS.

8.2 DUE June 2023

Submit *final* Impact Report summarizing progress toward goals and objectives for Key Activities. The deliverable is met when the *final* Impact Report is completed according to ODH guidelines and uploaded into GMIS. ODH guidance for this deliverable will be provided to applicants after award. The deliverable is met when a complete and accurate Final Report is submitted in GMIS.

Appendix C2 - Subgrant Deliverable Funding Allocations (Maximum Funds Available)

Total Amount: \$100,000			
DELIVERABLE	DESCRIPTION	Date	AMOUNT
1.1	Attend Mandatory Kick-Off	within 15 days of award	\$5,000
1.2	Sign up for Health Opportunity Weekly Newsletter	within 15 days of award	\$500
2.1	Evaluation Plan	within 30 days of award	\$9,000
3.1	Communications Plan	within 30 days of award	\$9,000
4.1	CHW Engagement Plan	within 60 days of award	\$9,500
4.2	CHW Assessment Survey	within 60 days of award	\$10,000
4.3	CHW Engagement Improvement Plan	within 180 days of award	\$10,000
5.1	Monthly Status Report	monthly starting September 2022	\$10,000
6.1	Monthly Technical Assistance Meetings	monthly starting September 2022	\$9,000
7.1	Quarterly Collaborative Meeting	monthly starting September 2022	\$10,000
8.1	Submit Draft Impact Report for ODH Review and Approval	monthly starting September 2022	\$9,000
8.2	Final Impact - Impact Report	monthly starting September 2022	\$9,000

Appendix D- Application Review Form

Date: (MM/DD/YY)

Applicant Agency: _____

GMISID: _____

Reviewer: _____

CHW WFD Project Title (add rows for additional projects)	Key Activity	Budget Amount Requested
	<input type="checkbox"/> Key Activity 1: Recruitment <input type="checkbox"/> Key Activity 2: Retention <input type="checkbox"/> Key Activity 3: Professional Development	\$
Total Budget Amount Requested (Max award per agency is \$100,000)		\$

Scoring Instructions					
Does not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

Does Not Meet (0): Response does not comply substantially with requirements or is not provided

Weak (1): Response was poor related to meeting the objectives

Weak to Meets (2): Response indicates the objectives will not be completely met or at a level that will be below average

Meets (3): Response generally meets the objectives (or expectations)

Meets to Strong (4): Response indicates the objectives will be exceeded

Strong (5): Response significantly exceeds objectives or expectations

<input type="checkbox"/> Recommend <input type="checkbox"/> Not recommended Comments: Special Conditions:	Section	Maximum Points	Reviewer Score
	Executive Summary	15	
	Applicant Description	30	
	Problem Statement	10	
	Methodology	40	
	Budget	15	
	Total Points Available Applicants must score a minimum 70% to be approved for this funding opportunity. A 70% score is 84 points.	110	
	Priority Points Available	20	
	Total Score (with priority points)	130	

Executive Summary	Max Score	Reviewer Score	Comments
Applicant identified OHIZ census tracts that will be impacted by this proposal.	5		
Applicant used OHIZ, SVI data and local data to describe to describe the community impacted by the proposal including the demographic characteristics of residents, and the inequities, issues, challenges, and assets.	5		
Applicant identified one or more key activities.	5		
Priority Points: The applicant demonstrated proposed activities will serve Appalachian County identified on the Rural Counties List (Appendix E).	10		
Total Section Score	15		
Applicant Description	Max Score	Reviewer Score	Comments
Applicant demonstrated they are a qualified organization.	5		
Applicant demonstrated their current activities and services align with the scope of work.	5		
Applicant demonstrates experience serving OHIZ communities or vulnerable populations (racial and ethnic minority populations, low-income populations, and/or special needs populations).	5		
Applicant demonstrates understanding of the social determinants of health; policy, systems; and health equity.	5		
Applicant described how social determinants of health key concepts fit with the mission and work of the organization.	5		
Applicant demonstrates they have involved community members and stakeholder groups in decision-making that impact community.	5		
Total Section Score	30		
Problem Statement	Max Score	Reviewer Score	Comments
Applicant describes the local health status concern(s) that will be addressed by providing workforce development opportunities to CHWs.	5		
Applicant describes health status concerns that the program intends to address with increased supports for CHWs.	5		
Total Section Score	10		
Methodology	Max Score	Reviewer Score	Comments
Applicant clearly explains the organization's ability to fully implement goals, objectives and deliverables upon notification of the	5		

grant award.			
Applicant described how the proposed project will be integrated into the existing organizational structure and previously established programs.	5		
Applicant described the management, oversight, and decision-making process for the implementation of the project activities.	5		
Applicant thoroughly explains specific work responsibilities of each staff member with an emphasis on the duties each staff member will assume within the staffing plan and all CVs are attached for each staff member.	5		
Applicant described how the project will be managed in relation to COVID-19.	5		
Applicants described objectives and activities that align with the scope of work in their work plan.	5		
Applicants proposed objectives, activities and outcomes are reasonable, feasible and have clearly defined goals and objectives in their workplan.	5		
Applicant provided appropriate and reasonable targets in their workplan.	5		
Total Section Score	40		
Budget	Max Score	Reviewer Score	Comments
Applicant demonstrated that the proposed budget could accomplish the proposed activities within the proposals for the project period	5		
Applicant's proposed budget is reasonable, appropriate for proposed activities, and does not include unallowable funds.	5		
Applicant submitted the completed Funding Matrix as an attachment.	5		
<u>Priority Points</u> : Budget includes matching funds.	10		
Total Section Score- Budget	15		
TOTAL PROPOSAL SCORE	120		

Appendix E- Rural Counties List

The list below is a list of rural counties in Ohio provided by the State Office of Rural Health that aligns with HRSA definitions of rural counties. We have added partially rural counties since some of them are fully rural; they just don't meet the HRSA definition because of zip code data.

Any project funded by OHO through OT21-2103 - National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities with a rural carveout should use this list to target efforts with Health Improvement Partners and key activities.

Completely Rural

1. Adams*
2. Ashland
3. Ashtabula*
4. Athens*
5. Auglaize
6. Champaign
7. Clinton
8. Columbiana*
9. Coshocton*
10. Crawford
11. Darke
12. Defiance
13. Erie
14. Fayette
15. Gallia*
16. Guernsey*
17. Hancock
18. Hardin
19. Harrison*
20. Henry
21. Highland*
22. Holmes*
23. Huron
24. Jackson*
25. Knox
26. Logan
27. Marion
28. Meigs*
29. Mercer
30. Monroe*
31. Morgan*
32. Muskingum*
33. Noble*
34. Ottawa
35. Paulding
36. Pike*
37. Preble
38. Putnam

39. Ross*
40. Sandusky
41. Scioto*
42. Seneca
43. Shelby
44. Tuscarawas*
45. Van Wert
46. Vinton*
47. Washington*
48. Wayne
49. Williams
50. Wyandot

Partially Rural

1. Carroll*
2. Fairfield
3. Fulton
4. Hocking*
5. Madison
6. Perry*
7. Pickaway
8. Wood

**Indicates an Appalachian County*

Appendix F – Work Plan Template

The Work Plan Template may be modified to meet your needs (e.g., add rows and copy additional tables for goals) and will be provided as an excel template to sub-recipients upon notice of award.

Program Objectives and Activities	Key Activity that aligns with Objectives and Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Project Person and/or Partner Responsible	Comments
<i>Describe each objective and activity on its own row. Provide as many action steps as necessary by adding rows to the table.</i>	<input type="checkbox"/> Recruit <input type="checkbox"/> Retain <input type="checkbox"/> Prof. Development	<i>Start Date (MM/YY)</i> <i>End Date (MM/YY)</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure and data source must be defined for each action step.</i>	<i>A responsible person and/or partner must be identified for each action step.</i>	<i>Comments are optional.</i>

Please do not modify this section of the workplan template. If there is no data is available, please do not leave blanks. Indicate N/A if not applicable or enter “0” if the number is zero. A justification must be provided for any N/As or zeros reported. Greyboxes/cells do not need to be completed.

Data must be reported for all CHW entities, agencies, organizations managed or operated by the Applicant Organization. Actual data and progress toward performance measure targets will be collected on monthly status reports.

Performance Target Description	2020 Baseline Performance Sept 1 – Dec 31, 2020	2021 Baseline Performance Jan 1 – Dec 31, 2021	2022 Baseline Performance Jan 1 – date of application	Target Performance Anticipated Date after application- May 31, 2023	Comments or Justification for Missing Data
Newly hired CHWs			Number of CHWs employed by the applicant agency at the time of application.	Number of CHWs applicant organizations <i>anticipates</i> will be hired from date of application through 5/31/23.	
Services and supports provided to CHW staff and supervisors			Number of services and supports organizations provided to CHW staff and supervisors in 2022 through date of application.	Number of services and supports organizations <i>anticipate</i> providing to CHW staff and supervisors from date of application through 5/31/23.	
Reduction in CHW turnover compared to previous 3 years average.	CHW turnover percentage in 2020	CHW turnover percentage in 2021	CHW turnover percentage in 2022 through date of application.	% of turnover anticipated for CHW staff <i>anticipated</i> from date of application through 5/31/23.	
New CHW providing services in the priority service area.			Number of CHWs providing services in Ohio Health Improvement Zones at the time of application.	Anticipated number of CHWs providing services in Ohio Health Improvement Zones from date of application through 5/31/23.	
Number of patient or clients served by CHWs in priority service area.			Number of patients or clients who reside in Ohio Health Improvement Zones served by CHWs in 2022 through date of application.	Number of patients or clients who reside in Ohio Health Improvement Zones served by CHWs from date of application through 5/31/23.	

Appendix G - Funding Matrix

Enter information in the table below relating to any active grants or contracts awarded by ODH to Applicant.

☐ Check this box if you do not currently have any active grants or contracts awarded by ODH.

Project Name	ODH Grant Program Name	Start – End Dates (Format: MM/DD/YY)	Funding Amount	ODH Program Contact

Enter information below relating to any matched funding for all proposed WD23 Projects.

☐ Check this box if you do not currently have any matched funding for any WD23 Project.

CHW-WFD Project Name	Matching Agency Name	Matching Agency Contact	Matching Agency Contact Email	Start – End Dates (Format: MM/DD/YY)	Funding Amount	Scope of Funding

Appendix H- Monthly Status Report Template

Ohio Department of Health Ohio Health Improvement Zones Pilot Project (WD23) Monthly Status Report			
Date:			
Subrecipient Name:			
GMIS Project Number:			
Contact Email:			
Contact Phone:			
Describe Progress of Each WD23 Project	<u>[insert CHW-WFD Project Title Name]</u>		
Describe Successes for each WD23 Project	<u>[insert CHW-WFD Project Title Name]</u>		
Describe Challenges of each of each WD23 Project	<u>[insert CHW-WFD Project Title Name]</u>		
Percent of workplan objectives complete for each WD23 Project	<u>[insert CHW-WFD Project Title Name and percent complete]</u>		
Description	How was it met?	Dates submitted in GMIS for current reporting period, if applicable. If not applicable, write N/A.	
Special conditions submitted, if applicable.	Submit in GMIS by deadlines.		
Quarterly and monthly program reports submitted in GMIS by deadlines.	Completed quarterly and monthly program reports submitted in GMIS by deadlines.		
Expenditure reports submitted in GMIS by deadlines.	Completed expenditure reports submitted in GMIS by deadlines.		
Expenditure reports submitted are accurate and reflective of deliverable(s) met.	Expenditure reports submitted include payment requests reflective of deliverables met.		
Deliverable Description	Is Deliverable Met? (Yes/No)	How deliverable was met?	Deliverable Amount Requested
1.1 Attended Virtual Kick-off			
1.2 All hired staff in staffing plan signed up for OHO weekly newsletter			
2.1 Develop and implement an Evaluation Plan that describes plans to collect and monitor project-specific data accurately and securely.			
3.1 Establish a formal plan that expresses the goals and methods of the CHW-WFD Project, including how information will be shared among all CHWs, stakeholders, and the community. This includes distribution of resources in a culturally and linguistically appropriate manner (e.g., providing translation and interpretation services, paid advertising, and printed flyers and handouts).			

4.1: Establish a formal plan to engage CHWs or CHW supervisors and/or CHW recruits in Key Activities.			
4.2: Provide results of the CHW Needs Assessment Survey provided by ODH. Survey completion will be monitored by ODH.			
4.3: Provide a CHW Engagement Improvement Plan to address opportunities for improvement identified in the CHW Needs Assessment Survey.			
5.1: Provide status of the Project and progress towards performance goals and objectives every month by the 10 th of each month. The deliverable is met with the Monthly Status Report Template (Appendix H) is uploaded in GMIS			
6.1: Due Monthly. Subrecipient will attend monthly technical assistance meetings (up to 1 hour) in Microsoft Teams at a time coordinated with ODH			
7.1: Subrecipient will attend quarterly meetings (up to one hour) to participate in shared learning and practice with other OHIZ projects throughout the region and/or state.			
8.1 Submit a <i>draft</i> Impact Report summarizing progress toward goals and objectives for Key Activities. Reports will include final metrics, progress toward goals, key activity objectives and work plans established (e.g., Engagement and Communication Plans, CHW Needs Assessment). ODH guidance for this deliverable will be provided to subrecipients after notice of award.			
8.2: Submit <i>final</i> Impact Report summarizing progress toward goals and objectives for Key Activities			

Please report monthly totals for the performance targets provided below. Do not report cumulative totals monthly.

Performance Target Description	Target Performance Anticipated Date after application- May 31, 2023	September Monthly Total (9/1-9/30/2022)	October Monthly Total (10/1-10/31/2022)	November Monthly Total (11/1-11/30/2022)	December Monthly Total (12/1-12/31/2022)
Newly hired CHWs	Number of CHWs applicant organizations <i>anticipates</i> will be hired from date of application through 5/31/23.				
Services and supports provided to CHW staff and supervisors	Number of services and supports organizations <i>anticipate</i> providing to CHW staff and supervisors from date of application through 5/31/23.				
Reduction in CHW turnover compared to previous 3 years average.	% of turnover anticipated for CHW staff <i>anticipated</i> from date of application through 5/31/23.				

New CHW providing services in the priority service area.	Anticipated number of CHWs providing services in Ohio Health Improvement Zones from date of application through 5/31/23.				
Number of patient or clients served by CHWs in priority service area.	Number of patients or clients who reside in Ohio Health Improvement Zones served by CHWs from date of application through 5/31/23.				

Performance Target Description	Target Performance Anticipated Date after application- May 31, 2023	February Monthly Total (2/1-2/28/2023)	March Monthly Total (3/1-3/31/2023)	April Monthly Total (4/1-4/30/2023)	May Monthly Total (5/1-5/31/2023)	Cumulative Total for Entire Project (7/15/23-5/31/2023)
Newly hired CHWs	Number of CHWs applicant organizations <i>anticipates</i> will be hired from date of application through 5/31/23.					
Services and supports provided to CHW staff and supervisors	Number of services and supports organizations <i>anticipate</i> providing to CHW staff and supervisors from date of application through 5/31/23.					
Reduction in CHW turnover compared to previous 3 years average.	% of turnover anticipated for CHW staff <i>anticipated</i> from date of application through 5/31/23.					
New CHW providing services in the priority service area.	Anticipated number of CHWs providing services in Ohio Health Improvement Zones from date of application through 5/31/23.					
Number of patient or clients served by CHWs in priority service area.	Number of patients or clients who reside in Ohio Health Improvement Zones served by CHWs from date of application through 5/31/23.					