



MEMORANDUM

Date: May 6, 2025

To: First-tier subrecipient agencies

From: Debi Kroninger, Chief of Health Programs *AK*
Medical Director's Office
Ohio Department of Health

Subject: First-tier subrecipient Continuation Solicitation for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Federal Fiscal Year 2026 (10/1/2025 – 9/30/2026), WIC Administration (WA26)

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health, announces the availability of grant funds.

All electronic applications and attachments are due by 4 p.m., on Monday, June 16, 2025. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System Portal (GMISP).

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

Submission of the **application** constitutes acknowledgment and acceptance of ODH Policies and Procedures, federal, state, and local laws and ordinances, and ODH policy and procedure updates posted on the GMISP Bulletin Board, and any other program-specific requirements including the Office of Management and Budget (OMB) Uniform Grant Guidance (UGG) as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at [<https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations>].

If you have questions, please contact Amy Alwood at Amy.Alwood@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding Base and Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of multiple parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [Insert Date] of the total performance project period, [Insert Date] Reference the competitive Solicitation for more information. Please note as of October 1, 2024, compliance with Uniform Grant Guidelines (UGG) is required.

Submission of the continuation application constitutes acknowledgment and acceptance of the Ohio WIC Policy and Procedure manual, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: October 1, 2025 – September 30, 2026, of the total project period, October 1, 2025 – September 30, 2026. Reference the competitive solicitation for more information.

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

- The first-tier 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).
- First-tier subrecipient's budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The first-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- The first-tier subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: Up to 75 grants may be awarded for a total amount of \$56,724,602. The maximum funding that will be awarded to each designated service area listed in the FY2026 Local Project Funding and Caseload Plan, Appendix B, in the FY26 Total NOA column. Federal WIC funding may not cover all costs incurred by a Local Agency to administer or operate the WIC 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.*

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

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

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 business days of the invoice date.
2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
3. First-tier subrecipients under any Federal award/contract/cooperative agreement must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
4. All applicants must have a Whistleblower Protection Policy as required by **200.217 Whistleblower Protections**.
5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or First-tier subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.
6. Applicant has submitted an application and all required attachments by **4 p.m. on Monday, June 16, 2025**.
7. Applicant agrees to utilize State WIC-provided technology to implement the WIC program, including but not limited to WIC Certification System, secure document upload, SMS texting service.
8. Applicant agrees to complete the WIC electronic documents survey annually with submission of WIC grant application: <https://redcap.link/E-DataManagement>.
9. Applicant agrees to follow the Ohio WIC Policy and Procedure Manual.

II. PROGRAM UPDATES:

Program should review the Evidence of Health Disparity Strategies Checklist in Appendix A when drafting the program narrative, objectives, and workplan.

- A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** WIC Programs should submit the second quarter of FY25 electronic Quarterly Activity Report (eQAR) in GMISP, per eQAR instructions, by April 10, 2025.
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed five pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the First-tier subrecipient wishes to share for continuation funding. Additional topics to address include, but are not limited to, the following:

- Confirmation of annual licensure requirements of applicable positions (Section 113.3 of the Ohio WIC Policy and Procedure Manual).
- Newly created or substantially revised positions.
- Changes to total number of hours used to calculate your project's full-time equivalency (i.e., 35, 37, or 40).
- Personnel or equipment deficiencies need to be addressed in order to carry out this grant.
- Progress to successfully resolve cited corrective actions or any revision(s) made to your action plan identified in last Management Evaluation (not applicable to projects with a scheduled Management Evaluation in the second or third quarter of FY25).
- Plans for breastfeeding promotion and support for all families:
 - Re-state your project's breastfeeding goals for FY2025. Discuss progress and challenges toward achieving these goals and any adjustments made to improve their impact. Describe lessons learned and how you will carry those forward into your project's breastfeeding promotion and support endeavors.
 - Describe how your local Breastfeeding Peer Program supports moms in achieving their breastfeeding goals.
 - Share how your project addresses breastfeeding issues that are beyond the skill level of WIC Health Professionals. Provide the name for at least one person that will serve as a local IBCLC referral source and the name of your local Designated Breastfeeding Expert (DBE).
 - Explain your project's process for determining eligibility for a breast pump and helping to ensure participants have a successful pumping experience.
 - Describe how your project will provide ongoing breastfeeding training for all staff.
 - List any changes to breastfeeding specific staff and describe their role in providing breastfeeding support.

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

1. The project's completion of eQARs is considered a response to this question and no further action is required.
2. Submit an updated Nutrition Education Plan, Attachment 8. Reference the Ohio WIC Policy and Procedure Manual, Section 411, for instructions to complete.

D. Documentation and Progress on Health Disparity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health disparity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. *The project response to the SMART-IE Objective/eQAR submission is considered a response to this question.*

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

1. **Budget Narrative:** Provide detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions

of the personnel, consultants, and collaborators. Explain and justify equipment, travel (including plans for out-of-state travel), supplies and training costs.

Cost-Sharing is not required by this program. Do not include a cost share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources

2. FY2026 Budget via GMISP: Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period 10/1/25 – 9/30/26.
- Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2025 to September 30, 2026. Funds may be used to support personnel, training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement. Participant engagement and project evaluation costs can also be included as direct costs.

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

The first-tier subrecipient shall retain all original fully executed Notice of Award Acceptance (NOAA) on file. A completed “Confirmation of NOAA Agreement” (CCA) must be submitted via GMISP for each NOAA once it has been signed by both parties. All NOAA’s must be signed and dated by all parties prior to any service being rendered and must be attached to the NOAA section in GMISP. The submitted NOAA must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued. The first-tier subrecipient shall itemize all equipment (minimum \$10,000, unit cost value) to be purchased with grant funds in the Equipment Section.

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

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

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

12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

The following are unallowable program-specific costs, unless approved by the ODH WIC Program:

23. Refreshments unless related to nutrition education, outreach, or combined nutrition education and outreach efforts;
24. Certification—ODH will not reimburse any local agency staff member for performing heights, weights, bloodwork, and evaluations on a cost per certification basis;
25. The expenses of the Chief or Assistant to the Executive Officer of the local agency or of a political subdivision except when that officer functions as a WIC Health Professional;
26. Advertising (i.e., print, radio, television) unless directed at the appropriate target audience;
27. Staff overtime expenses exceeding 10% of a position's budgeted salary or any salary increase that exceeds 10% of a position's budgeted salary;
28. Staff bonuses, regardless of amount;
29. New staff positions;
30. Outreach, nutrition education materials, and conference registration or materials costs greater than or equal to \$500;
31. Any rent increase or move to a new clinic site;
32. All out of state travel;
33. In-state travel costing \$300 or more per person when not sponsored by State WIC;
34. All IT equipment regardless of cost, except mouse, keyboard, speakers, microphone, webcam, and monitor.
35. Outreach items such as breast pumps, breastfeeding aids, and written materials purchased with Breastfeeding Peer funds.

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

4. Indirect (Facilities and Administration):

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

If the First-tier subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the First-tier subrecipient may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments. Attachments will be sent separately to your project in a Microsoft Office Program format to be completed and submitted via GMISP. All attachments submitted to GMISP must be attached in the format originally provided. Attachments 1, 2, 3, 4, 5, 6, 8, and 9 must be completed and submitted. Attachment 7 is to be completed and submitted only if changes have occurred since FY2025. Attachment 10 does *not* need to be submitted.

- Attachment 1- FY26 Clinic and Staff Data Sheet
- Attachment 2 - Breastfeeding Peer Program Budget and Expenditure Form
- Attachment 3 - Budget Tool
- Attachment 4 - Voter Registration Assistance Plan
- Attachment 5a - WIC Employee Daily Time Study
- Attachment 5b - WIC Employee Monthly Time Study
- Attachment 6 - WIC Farmers' Market Nutrition Program Responsibilities
- Attachment 7 - Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA)
- Attachment 8 - Nutrition Education Plan
- Attachment 9 - Assurance of Civil Rights Compliance
- Attachment 10 - Program Attachment Checklist

a. Other Required Documentation:

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

- **Audit:** First-tier subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMISP Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMISP. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each First-tier subrecipient must acknowledge the Assurances (Federal and State Assurances for Subgrantees) form in GMISP. 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 First-tier subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):**
All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISP.

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

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMISP.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMISP the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

G. Human Trafficking:

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

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the First-tier subrecipient program, ODH will give priority consideration to those First-tier 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.

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

 X Not Applicable to Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC)

H. Post Submission Requirements:

Continuation applicants are required to submit program and expenditure reports. Reports must be received in accordance with the requirements of the program, NOA, terms and conditions and this solicitation before the department will release any additional funds. All submissions regardless of type, must have the following phrase accompany the transmission: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

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

Reports shall be submitted as follows:

- a. **Program Reports: First-tier subrecipient program reports must be completed and submitted via GMISP** by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X _____ Program Reports Required _____ No Program Reports Required

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

- b. First-tier subrecipient Reimbursement Expenditure Reports:** First-tier subrecipient monthly expenditure reports **must** be completed and submitted **via GMISP** by the following dates:

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

First-tier subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMISP** by the following dates:

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

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

- c. Final Expenditure Reports:** A First-tier subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMISP** by 4 p.m. on or before November 5, 2026. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL First-tier subrecipient program and expenditure reports via the ODH’s GMISP system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Evidence of Health Disparity Strategies Checklist
- B. FY26 Local Project Funding and Caseload Plan

Appendix A

ODH Evidence of Strategies to Reduce Health Disparities Checklist

This checklist should be used to support planning, implementation, and evaluation of strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities and Social Determinants of Health

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

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

- Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 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.
- Identify measurable health disparities targets that demonstrate reducing disparities and improving the health of target populations are critical goals to be achieved through program activities. This information must also be supported by data.

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

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

FY2026 Local WIC Project Funding and Caseload Plan

Local WIC Project	FY26 TOTAL NOA	FY26 NSA Portion of NOA	FY26 Peer Portion of NOA*	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY26 Caseload
ADAMS/BROWN COUNTY WIC PROGRAM	\$ 543,224	\$ 522,064	\$ 21,160	\$ 11,720	\$ 87,011	1,504
ALLEN COUNTY WIC PROGRAM	682,174	657,312	24,862	15,055	109,552	1,932
ASHTABULA COUNTY WIC PROGRAM	619,818	596,956	22,862	13,567	99,493	1,741
ATHENS/PERRY CNTY WIC PROGRAM	630,873	606,436	24,437	13,801	101,073	1,771
AUGLAIZE COUNTY WIC PROGRAM	256,689	240,130	16,559	4,598	40,022	590
BELMONT COUNTY WIC PROGRAM	313,214	296,368	16,846	6,296	49,395	808
BUTLER COUNTY WIC PROGRAM	2,118,289	2,057,842	60,447	55,811	342,974	7,162
CARROLL COUNTY WIC PROGRAM	172,340	157,916	14,424	3,024	26,319	388
CHAMPAIGN CNTY WIC PGM	175,813	161,172	14,641	3,086	26,862	396
CLARK COUNTY WIC PROGRAM	1,057,328	1,022,286	35,042	24,944	170,381	3,201
CLERMONT COUNTY WIC PROGRAM	830,266	802,638	27,628	18,959	133,773	2,433
CLINTON COUNTY WIC PROGRAM	257,232	241,008	16,224	5,050	40,168	648
COSHOCTON COUNTY WIC PROGRAM	258,355	241,700	16,655	5,065	40,283	650
CRAWFORD COUNTY WIC PROGRAM	379,986	361,762	18,224	7,769	60,294	997
CUYAHOGA COUNTY WIC PROGRAM	4,077,176	3,963,670	113,506	117,435	660,612	15,070
DARKE/MERCER COS. WIC PROGRAM	491,492	469,608	21,884	10,427	78,268	1,338
DEFIANCE COUNTY WIC PROGRAM	229,492	213,268	16,224	4,083	35,545	524
DELAWARE/UNION CNTY WIC PROGRAM	614,568	590,004	24,564	13,396	98,334	1,719
ERIE/HURON COUNTY WIC PROGRAM	662,959	638,352	24,607	14,588	106,392	1,872
FAIRFIELD COUNTY WIC PROGRAM	618,767	595,692	23,075	13,536	99,282	1,737
FAYETTE COUNTY WIC PROGRAM	235,621	219,780	15,841	4,208	36,630	540
FRANKLIN COUNTY WIC PROGRAM	7,396,219	7,178,369	217,850	221,381	1,196,395	28,409
FULTON/HENRY CO. WIC PROGRAM	408,061	389,028	19,033	8,439	64,838	1,083
GALLIA COUNTY WIC PROGRAM	319,005	300,866	18,139	6,398	50,144	821
GREENE COUNTY WIC PROGRAM	556,260	533,440	22,820	12,001	88,907	1,540
GUERNSEY COUNTY WIC PROGRAM	362,595	344,116	18,479	7,372	57,353	946
HAMILTON COUNTY WIC PROGRAM	4,207,628	4,093,569	114,059	121,635	682,262	15,609
HARRISON COUNTY WIC PROGRAM	99,262	85,706	13,556	1,605	14,284	206
HHP: HANCOCK/HARDIN/PUTNAM WIC PROGRAM	657,155	633,612	23,543	14,471	105,602	1,857
HIGHLAND COUNTY WIC PROGRAM	345,301	327,162	18,139	6,990	54,527	897
HOCKING COUNTY WIC PROGRAM	241,941	225,478	16,463	4,317	37,580	554
HOLMES COUNTY WIC PROGRAM	143,742	129,426	14,316	2,478	21,571	318
JACKSON COUNTY WIC PROGRAM	255,923	240,130	15,793	4,715	40,022	605
JEFFERSON COUNTY WIC PROGRAM	334,464	317,474	16,990	6,772	52,912	869
KNOX COUNTY WIC PROGRAM	306,906	289,448	17,458	6,141	48,241	788
LAKE - GEAUGA COUNTY WIC PROGRAM	1,000,572	969,948	30,624	23,518	161,658	3,018
LAWRENCE COUNTY WIC PROGRAM	352,961	335,120	17,841	7,169	55,853	920
LICKING COUNTY WIC PROGRAM	717,414	691,956	25,458	15,944	115,326	2,046
LOGAN COUNTY WIC PROGRAM	250,848	234,432	16,416	4,489	39,072	576
LORAIN COUNTY WIC PROGRAM	1,455,834	1,416,966	38,868	35,698	236,161	4,581
LUCAS COUNTY WIC PROGRAM	2,627,778	2,563,701	64,077	72,168	427,284	9,261
MADISON COUNTY WIC PROGRAM	304,910	288,064	16,846	6,109	48,011	784
MAHONING COUNTY WIC PROGRAM	1,235,190	1,200,464	34,726	29,799	200,077	3,824
MARION COUNTY WIC PROGRAM	527,588	506,896	20,692	11,346	84,483	1,456
MEDINA COUNTY WIC PROGRAM	459,211	438,008	21,203	9,647	73,001	1,238
MEIGS COUNTY WIC PROGRAM	171,716	156,695	15,021	3,000	26,116	385
MIAMI COUNTY WIC PROGRAM	325,372	307,786	17,586	6,554	51,298	841
MONROE COUNTY WIC PROGRAM	154,134	139,601	14,533	2,673	23,267	343
MONTGOMERY CNTY. WIC PROGRAM	2,351,712	2,281,008	70,704	63,027	380,168	8,088
MORROW COUNTY WIC PROGRAM***	159,018	144,485	14,533	2,766	24,081	355
MUSKINGUM COUNTY WIC PROGRAM	584,955	561,880	23,075	12,702	93,647	1,630
NOBLE COUNTY WIC PROGRAM	116,093	102,157	13,936	1,956	17,026	251
OTTAWA COUNTY WIC PROGRAM	157,742	143,264	14,478	2,743	23,877	352

FY2026 Local WIC Project Funding and Caseload Plan (continued)

Local WIC Project	FY26 TOTAL NOA	FY26 NSA Portion of NOA	FY26 Peer Portion of NOA*	NSA BF Requirement**	1/6 NSA Requirement for Nutrition and BF**	FY26 Caseload
PAULDING COUNTY WIC PROGRAM	\$ 153,428	\$ 138,787	\$ 14,641	\$ 2,657	\$ 23,131	341
PIKE COUNTY WIC PROGRAM	256,163	240,130	16,033	4,707	40,022	604
PORTAGE/COLUMBIANA WIC PROGRAM	1,153,434	1,119,812	33,622	27,602	186,635	3,542
PREBLE COUNTY WIC PROGRAM	256,929	240,130	16,799	4,863	40,022	624
RICHLAND/ASHLAND CNTY WIC PRG	882,103	852,688	29,415	20,323	142,115	2,608
ROSS/PICKAWAY COUNTY WIC PROG.	773,860	748,870	24,990	17,494	124,812	2,245
SANDUSKY COUNTY WIC PROGRAM	372,576	353,458	19,118	7,582	58,910	973
SCIOTO COUNTY WIC PROGRAM	575,803	553,664	22,139	12,499	92,277	1,604
SENECA COUNTY WIC PROGRAM	381,656	363,432	18,224	7,808	60,572	1,002
SHELBY CNTY WIC PGM	208,017	192,511	15,506	3,686	32,085	473
STARK COUNTY WIC PROGRAM	1,679,589	1,636,815	42,774	42,197	272,803	5,415
SUMMIT COUNTY WIC PROGRAM	2,146,810	2,086,521	60,289	56,738	347,754	7,281
TRUMBULL COUNTY WIC PROGRAM	1,087,378	1,055,176	32,202	25,840	175,863	3,316
TUSCARAWAS COUNTY WIC PROGRAM	505,426	484,776	20,650	10,801	80,796	1,386
VAN WERT COUNTY WIC PROGRAM	220,131	204,721	15,410	3,920	34,120	503
VINTON COUNTY WIC PROGRAM	150,606	136,345	14,261	2,611	22,724	335
WARREN COUNTY WIC PROGRAM	444,066	424,736	19,330	9,320	70,789	1,196
WASHINGTON/MORGAN CNTY WIC PGM	373,758	355,534	18,224	7,629	59,256	979
WAYNE COUNTY WIC PROGRAM	410,741	391,240	19,501	8,494	65,207	1,090
WILLIAMS COUNTY WIC PROGRAM	269,821	253,118	16,703	5,322	42,186	683
WOOD COUNTY WIC PROGRAM	452,003	431,056	20,947	9,476	71,843	1,216
WYANDOT COUNTY WIC PROGRAM	157,118	142,043	15,075	2,720	23,674	349
STATEWIDE	<u>\$ 56,724,602</u>	<u>\$ 54,631,782</u>	<u>\$ 2,092,820</u>	<u>\$ 1,396,728</u>	<u>\$ 9,105,303</u>	<u>179,237</u>

* These are special USDA peer grant funds that can only be used to support the peer helper program. Local agencies may supplement the peer program with NSA funds.

** The amount listed for each project under 1/6 Requirement for Nutrition & BF, and BF\$* is the portion of NSA Grant that must be used for support activities. These dollars are part of the NSA NOA total, not additional dollars.

Project Name: Attachment 1 - Clinic and Staff Data Sheet – FY 2026

WIC CLINIC NAME:		GMISP PROJECT NUMBER:	
CLINIC NUMBER:		ASSIGNED CASELOAD CEILING:	
ADDRESS:		CITY:	ZIP:
PHONE: ()		FAX #: ()	
SITE SUPERVISOR/CONTACT NAME:		IDENTIFY CHANGES:	

Type of WIC System: ☐ Network (includes 1 Server) _____ Number of Workstations on LAN

☐ Standalone

☐ Portable (Laptop)

☐ Paper

Please list your office and clinic hours with any special activities noted (including group nutrition education, migrant clinics, staff meetings, etc.). In the Special Activities column, please note if clinic hours vary from week to week (for example, clinic open until 7:00 pm every other week).

DAY	WIC OFFICE HOURS	CLINIC HOURS	SPECIAL ACTIVITIES
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

List all WIC funded staff at this clinic location (all WIC funded staff must appear on one of these forms).

Last Name, First Name

Position

Copy and paste additional pages for each clinic.

FY26 Attachment 2
Breastfeeding Peer Program Budget and Expenditure Form

[illegible]

Employee	Function/Title	HP / BF Credentials	Program Time (%)	Yearly Salary (\$)	Program Salary Cost (\$)	Program Salary per NCBA Hr.	Fringe Rate (%)	Program Fringe Cost (\$)	Program Total Cost (\$)	NCBA Cost	Hrs/Wk	NCBA \$/y	Other Funding Sources	Time (%)	Non-WIC Salary
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
					\$ -			\$ -	\$ -	Admin		n.a.			n.a.
Program Salary and Salary from Other Funding Sources do not equal 100% Missing NCBA Data Missing Program Salary										Breastfeeding		n.a.			n.a.
										Clinic		n.a.			n.a.
										Nutrition		n.a.			n.a.
				\$ -	\$ -			\$ -	\$ -						

	NCBA Hrs.	NCBA Costs	CBA Hours	BA Cost
Admin	0	\$ -	#DIV/0!	#DIV/0!
Breastfeeding	0	\$ -	#DIV/0!	#DIV/0!
Clinic	0	\$ -	#DIV/0!	#DIV/0!
Nutrition	0	\$ -	#DIV/0!	#DIV/0!
Total	0	\$ -	#DIV/0!	#DIV/0!

Attachment 4

**VOTER REGISTRATION ASSISTANCE PLAN
Fiscal Year 2026**

WIC PROGRAM

(Project Name)

(GMISP Project Number)

Review and check off assurances for the following five items pertaining to the implementation of agency-based voter registration in the local WIC project area.

1. ____ The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted were reviewed and submitted in response to the FY2026 grant application.
2. ____ This local WIC project will be conducting voter registration at each application and recertification visit according to section 207 of the Ohio WIC Policy and Procedure Manual.
3. ____ Each WIC applicant will be provided a link and/or copy of the *Designated Voter Registration Notice of Rights* form at the time of application and recertification.
4. ____ Each local WIC project staff person who will be giving out and accepting voter registration forms will be trained according to section 207 of the Ohio WIC Policy and Procedure Manual.
5. ____ The local WIC voter coordinator is: _____.
The coordinator has met with a representative of the County Board of Elections and discussed and agreed that the *Agency Based Voter Registration Transmission Form* and the completed *Voter Registration Forms* will be transmitted to the Board of Elections within five days through:

(Check All That Apply)

____ U.S. mail, ____ courier service, ____ pickup by Elections Board staff, ____ delivered by WIC staff, or ____ other (explain below)

Employee Time Study Report						
Employee Name: <u>0</u>		Position: <u>0</u>				
Type in Total Regular WIC hrs/wk: <u>0</u>		Clinic(s): _____				
Date Time Study was Conducted:		From: <u>1/0/00</u>		To: <u>1/0/00</u>		

Date	Nutrition Education (N)	Clinic Services (C)	Breast-feeding (B)	Administration (A)	Breast-feeding Peer (BFP)	Hours Per Day (HPD)
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
1/0/00	0.00	0.00	0.00	0.00	0.00	0.00
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00

Percent Nutrition Education: #DIV/0!

Percent Clinic Services: #DIV/0!

Percent Breastfeeding: #DIV/0!

Percent Administration: #DIV/0!

Percent Breastfeeding Peer: #DIV/0!

For Director's use only

If employee's regular work hours change after the Time Study has been completed causing an alteration in the NCBA and BFP hours, enter employee's new hours and give justification to the change in NCBA and BFP; e.g., change in FT to PT status. Use the new hours on the Personnel Budget for NCBA.

Enter employee's new hours *self calculates

N Hours #DIV/0!

C Hours #DIV/0!

B Hours #DIV/0!

A Hours #DIV/0!

BFP Hours #DIV/0!

Justification:

Date:

Type comments below (Please explain if there was any activity out of the ordinary)

*if an employee's NCBA and BFP hours are not reflective of the **percent of time spent** as calculated by the current time study, enter in actual NCBA and BFP and provide justification, e.g., HP no longer issues WNC benefits, decreasing clinic time. Use the new hours on the Personal Budget for NCBA.

N Hours

C Hours

B Hours

A Hours

BFP Hours

Justification:

Date:

The Hours listed below are the hours to be used in the Personnel Budget for NCBA

N Hours #DIV/0!

C Hours #DIV/0!

B Hours #DIV/0!

A Hours #DIV/0!

BFP Hours #DIV/0!

*If the decimal is 0.5 or greater round up

*If the decimal is 0.4 or less round down

* Add BFP+B hours together for IB hours on the Personnel Budget

When you have completed the form please type in your name below, date, and click on the 'Authenticate Signature' box verifying you have reviewed the information and it is correct to the best of your knowledge.

Employee Name: _____

Supervisors Name: _____

Date: _____

Date: _____

☐ Check to Authenticate Signature

☐ Check to Authenticate Signature

Employee Name: _____		Position: _____	
Type in Total Regular WIC hrs/wk: _____		Clinics: _____	
Date Time Study was Conducted (e.g., February 2011) _____		From: _____ To: _____	

Type in Employee's Total Hours for NCBA Below: e.g., 3.25 (cell will automatically format)

Date <small>(e.g., October-08 (cell will automatically format))</small>	Nutrition Education (N) <small>*whole #'s only no text</small>	Clinic Services (C) *whole #'s <small>only no text</small>	Breast-feeding (B) *whole #'s <small>only no text</small>	Admin-istration (A) *whole #'s only <small>no text</small>	Breast-feeding Peer (BFP) *whole #s only no text	Hours Per Month (HPM)
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00

Percent Nutrition Education: #DIV/0!

Percent Clinic Services: #DIV/0!

Percent Breastfeeding: #DIV/0!

Percent Administration: #DIV/0!

Percent Breastfeeding Peer: #DIV/0!

For Director's use only

If employee's regular work hours change after the Time Study has been completed causing an alteration in the NCBA, enter employee's new hours and give justification to the change in NCBA, e.g., change in FT to PT status. Use the new hours on the Personnel Budget for NCBA.

Enter employee's new hours

Justification:

Date:

*self calculates

N Hours #DIV/0!

C Hours #DIV/0!

B Hours #DIV/0!

A Hours #DIV/0!

BFP Hours #DIV/0!

If the employee's NCBA hours are not reflective of the percent of time spent as calculated by the current time study; enter in actual NCBA and provide justification; e.g., HP no longer issues WIC benefits decreasing clinic time. Use the new hours on the Personnel Budget for NCBA.

The Hours listed below are the hours to be used in the Personnel Budget for NCBA

N Hours #DIV/0!

C Hours #DIV/0!

B Hours #DIV/0!

A Hours #DIV/0!

BFP Hours #DIV/0!

N Hours

C Hours

B Hours

A Hours

BFP Hours

Justification:

Date:

*If the decimal is 0.5 or greater round up

*If it is 0.4 or less round down

*Add BFP + B hrs together for B hrs on the Personnel Budget

When you have completed the form please type in your name below, date, and click on the 'Authenticate Signature' box verifying you have reviewed the information and it is correct to the best of your knowledge.

Employee Name: _____

Supervisor's Name: _____

Date: _____

Date: _____

☐ Check to Authenticate Signature

☐ Check to Authenticate Signature

Attachment 6

WIC FARMERS' MARKET NUTRITION PROGRAM RESPONSIBILITIES – FY 2026

WIC PROGRAM

(Project Name)

(GMISP Project Number)

The responsibilities of the parties are set forth below:

A. State WIC Agency Responsibilities. The State WIC Agency Shall:

1. Assist Local WIC Agency in developing and implementing participation in the WIC Farmers' Market Nutrition Program (FMNP), as authorized by Section 17(m) of the Child Nutrition Act of 1966, as amended, (42 USC 1786(m)).
2. Provide consultation and guidance in the interpretation of all FMNP regulations, guidelines and instructions from the United States Department of Agriculture, Food and Nutrition Services (USDA, FNS) and the State WIC Agency.
3. Provide consultation and technical guidance to Local WIC Agency relevant to the provision of WIC FMNP services.
4. Provide Local WIC Agency with guidance regarding FMNP coupon issuance procedures.
5. Provide guidance in the development and coordination of the nutrition education portion of WIC FMNP operations including identification of procedures to ensure that nutrition education is provided to all FMNP participants.
6. Provide Local WIC Agency with a list of authorized FMNP farmers in counties served by the WIC FMNP.
7. Assist the Local WIC Agency in training farmers authorized to accept FMNP coupons.
8. Monitor the activities of Local WIC Agency using methods including, but not limited to, on-site evaluations as it pertains to the FMNP.

B. Local WIC Agency Responsibilities. The Local WIC Agency Shall:

1. Assist the State WIC Agency in implementing and operating the WIC Farmers' Market Nutrition Program (FMNP), as authorized by Section 17(m) of the Child Nutrition Act of 1966, as amended, (42 USC 1786(m)), to provide locally grown fresh fruits, herbs, and vegetables to eligible participants.
2. Cooperate with FMNP farmers, State WIC Agency, or federal officials to resolve questions or issues as they arise.
3. Issue FMNP coupons in accordance with and as designated by State WIC Agency criteria through specified clinics, and to specific categories and numbers of participants.

4. Verify receipt of FMNP coupons from State WIC Agency and record coupons issued to eligible participants based upon the eligibility criteria established by State WIC Agency. Coupon issuances shall be properly recorded in the WIC Certification System.
5. Provide nutrition education on selecting, using and storing fresh fruits, herbs, and vegetables to all FMNP participants.
6. Provide education how to properly use and redeem FMNP coupons at authorized FMNP farmers including providing a list of all authorized FMNP foods to all FMNP participants.
7. Develop and distribute a pamphlet listing the dates, times and locations of the authorized FMNP farmers' markets and farm stands located in the county to all FMNP participants.
8. Conduct an FMNP participant survey as directed by State WIC Agency.
9. Assist the State WIC agency in training and contracting farmers to be authorized to accept FMNP coupons.
10. Assist the State WIC agency in conducting on-site monitoring visits to authorized FMNP farmers, authorized FMNP farmers' markets and authorized FMNP farm stands in the county.
11. Direct employees involved in the FMNP, when requested, to attend training sessions conducted by State WIC Agency.
12. Surrender to State WIC Agency, upon expiration or termination of this Agreement, all equipment and work product pertaining to the administration of the FMNP.

C. Mutual Understanding:

State WIC Agency reserves the right to redistribute Local WIC Agency's FMNP coupons for reasons including, but not limited to, funding shortages and/or failure to meet and maintain FMNP coupon issuance and redemption rates.

*(All projects must answer one of the three questions below
this table and return as an attachment.)*

Adams	Hamilton	Paulding
Allen	Hancock	Perry
Ashtabula	Hardin	Pickaway
Auglaize	Henry	Pike
Belmont	Highland	Portage
Brown	Holmes	Preble
Champaign	Huron	Putnam
Clark	Jefferson	Richland
Clermont	Knox	Ross
Clinton	Lake	Sandusky
Columbiana	Lawrence	Scioto
Coshocton	Licking	Seneca
Crawford	Logan	Stark
Cuyahoga	Lorain	Summit
Defiance	Lucas	Trumbull
Delaware	Madison	Tuscarawas
Erie	Mahoning	Union
Fairfield	Marion	Van Wert
Franklin	Medina	Wayne
Fayette	Meigs	Williams
Fulton	Miami	Wood
Geauga	Monroe	Wyandot
Greene	Montgomery	
Guernsey	Muskingum	

☐ Yes, the project wishes to operate the FMNP.

☐ No, the project no longer wishes to participate in the FMNP.

☐ The project does not currently participate in FMNP and does not wish to participate.

Attachment 7

PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT

Fiscal Years 2023 - 2027

(Project Name)

(GMISP Project Number)

Physician's Name:

Specialty:

Office Address:

Office Telephone Number:

Office Hours:

Please check the categories of people to whom you provide health services:

Pregnant Women ☐ Breastfeeding Women ☐ Postpartum Women ☐

Infants 0 -1 ☐ Children 1-5 ☐

Do you accept Medicaid payment? ☐ Yes ☐ No

If yes, what is your provider number?

Do you accept reduced fees for services? ☐ Yes ☐ No

List hospital affiliations (optional):

This institution is an equal opportunity provider.

MEMORANDUM OF AGREEMENT FY 2023 - 2027

By and between the _____ and _____
(local agency) (Physician)

whereas, the _____, as a designated local agency for the Special Supplemental
(local agency)
Nutrition Program for Women, Infants and Children (WIC Program), wishes to provide WIC Program services to eligible women, (pregnant, postpartum, and breastfeeding), infants, and children, but does not provide the health services which the WIC Program requires; and whereas, _____, is a physician licensed by
(Physician)
the State Medical Board of Ohio, pursuant to Chapter 4731 of the Ohio Revised Code or the State Medical Board of _____ to practice medicine or surgery or osteopathic medicine and surgery;
now therefore, it is mutually agreed by and between the _____ (hereinafter
(local agency)
referred to as the "Local Agency") and _____ (hereinafter referred to as the
(Physician)
"Physician") that the covenants enumerated in this agreement will be kept and performed.

1. The Physician shall provide such pediatric, obstetrical, lactation, and other services as the Physician deems appropriate in the exercise of his or her professional medical judgment to persons who seek such services upon referral from the Local Agency.
2. With the written consent of the patient, the Physician shall provide the Local Agency with such information pertaining to the patient as the Local Agency may require in order to determine the patient's eligibility for participation in the WIC Program.
3. The Physician understands that the Local Agency shall not reimburse the Physician for providing health services to patients who the Local Agency refers to the Physician.
4. The Physician or clinic shall, in providing its services and in its terms and conditions of employment, comply with all requirements under federal and state law pertaining to nondiscrimination and equal employment opportunity, including Title VI of the 1964 Civil Rights Act and pertinent federal regulations.
5. This agreement shall take effect on October 1, 2022, and shall remain in effect through September 30, 2027 unless terminated by either party upon written notice of termination being served by the party terminating on the other party. A 30 business day notification of termination by the terminating party is required.

BY: _____
Signature of the WIC Program Director

Date

Signature of Physician or Clinic Administrator

Date

Attachment 8

Nutrition Education Plan for Low Nutrition Risk Participants

FY _____ Project _____

Nutrition Education Coordinator _____ Approved by: _____

SAMPLE October Event: Halloween (I,C,B,N) and Dental (All) Class: Infant Feeding (P) Outside: Head Start Parent's Night Newsletter: Immunizations and Flu Season (All) Youtube Video: (B)	SAMPLE November Newsletter: Holiday Foods (All) State Modules: (All) WICHealth.org: (C, N) Class: Breastfeeding Support Group: (B ,I) Class: Infant Feeding (P) Bulletin Board: Holiday Foods (All)	SAMPLE December Newsletter: Holiday Foods (All) Event: Santa & Mrs. Claus visit (all) Event: Librarian visit and story time (C) Class: Older Infant Feeding (I) Class: OSU Extension Budget Class (P,B,N) Bulletin Board: Holiday Foods (All)
October	November	December
January	February	March
April	May	June
July	August	September

Attachment 9

Assurance of Civil Rights Compliance

The Local Agency hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the Local Agency agrees to compile data, maintain records and submit records and reports as required to permit effective enforcement of the nondiscrimination laws, and to permit Department personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the State Agency shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the Local Agency, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the Local Agency.

Signature: _____

Date: _____

Title: _____

Attachment 10

PROGRAM ATTACHMENT CHECKLIST

FY 2026

Project Name:

GMISP Project Number:

Please use this checklist to ensure you've completed all required attachments and submitted in GMISP along with your continuation application. Attachments 1 and 7 are to be completed and submitted only if changes have occurred since FY2025. This checklist does *not* need to be submitted.

1. ☐ Clinic and Staff Data Sheet/s
2. ☐ Breastfeeding Peer Program Budget and Expenditure Report
3. ☐ Budget Tool
4. ☐ Voter Registration Assistance Plan
5. ☐ WIC Employee Time Study
6. ☐ WIC Farmers' Market Nutrition Program Responsibilities
7. ☐ Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA)
8. ☐ Nutrition Education Plan
9. ☐ Assurance of Civil Rights Compliance
10. ☐ NOIAF
11. ☐ Electronic Data Management Questionnaire