



## MEMORANDUM

Date: 12/15/2020

To: Subrecipient agencies

From: Jolene DeFiore-Hyrmer, MPH *JDH* |  
Bureau of Health Improvement and Wellness  
Ohio Department of Health

Subject: Subrecipient Breast and Cervical Cancer Project BC22 06/30/2021 –  
06/29/2022 |

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness | announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., January 25, 2021 | 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 (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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 until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements 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 <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/sfy-17-competitive-solicitation-proposals>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Dawn Ingles at 1-614-728-2173 or e-mail at [dawn.ingles@odh.ohio.gov](mailto:dawn.ingles@odh.ohio.gov) |

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## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### Base Only Funding    **X** Base and Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: 06/30/2021 – 06/29/2022 of the total project period, 06/30/2016 – 06/29/2023. Reference the competitive Solicitation for more information.

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

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

**B. Number of Grants and Funds Available:** One grant per region, for a total of four (4) grants are to be awarded with both federal and state funds. Award amount will range from approximately \$220,000 to \$585,000 (see table below). The total amount of funds available to award to Breast and Cervical Cancer Project (BCCP) Regional Agencies may be approximately \$1,493,100. |

Regional Agency	Funding Level – up to:
Fulton County Health Department (North)	\$585,000
Licking County Health Department (Central)	\$354,000
Premier Community Health (Southwest)	\$334,100
Noble County Health Department (Southeast)	\$220,000
Total	\$1,493,100

*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**

- 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 GMIS number on each page.
- Use a 12 point 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. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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, January 25, 2021**

## **II. PROGRAM UPDATES:**

**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.** Subrecipient is to submit their January 2021 program report in GMIS. This report is not to be attached to this application.

**B. Program Narrative:** Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.  
Program Narrative Outline:

1. Program updates
  - a. Personnel – List all employees, percentage of time and short description of job responsibilities/duties.
  - b. Partnerships – Provide an update on established partnerships that you will be utilizing in the follow grant year
2. Work Plan Updates
  - a. Provide a narrative update/progress on all four objectives
    - i. Progress towards meeting target – If not making progress on target, what is being modified to reach the target by the end of the grant year.
    - ii. Successes – Give a description of how this was a success and ways that this can be expanded.
    - iii. Challenges – Give a description of how this was a challenge and ways that

have been implemented to overcome the challenge. |

**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. 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 current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Applicants are to maintain the current four (4) objectives with modifications to target requested. Submit a work plan for grant year 2022 that includes strategies/activities planned. All applicants are to utilize the work plan template.

**Grant Year 2022 Request**

- a. Regional Chart Deliverable one and two proposed goals: These targets are based on an increase in statewide projected women served assigned to each region.

Region	Breast Screening Goal	Cervical Screening Goal
North	2144	1602
Central	1967	1189
Southwest	1072	879
Southeast	751	465

- b. Deliverable three County specific goals: These targets are the same as for GY21. Please review your progress to determine if an increase or decrease in the target is needed. A request can also be made to change the target county. If the GY21 goal is being exceeded, the expectation is that an increase would be requested.

Region	County	Goal
North	Summit	170
Central	Marion	25
Southwest	Preble	50
Southeast	Ross	20

- c. Deliverable four Community Clinical Linkages: These targets are set based on the statewide goal of 8000 clients served in GY22 with 10% of those clients being enrolled from a Community Clinical Linkage.

Region	Goal
North	310
Central	230
Southwest	170
Southeast	90

- d. Southwest Region Only: Additional objective to be added to workplan to continue work with Five Rivers Health System to increase breast and cervical cancer screening rates.

Note: Goals may be adjusted prior to the start of the grant year if additional data indicates either an increase or decrease in the set goal is warranted. Any change will be communicated with the subrecipient prior to the start of the grant year. |

**D. Documentation & Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. |The Place Matters Spreadsheet is not a requirement of the BCCP program. Applicants need to include activities in the four (4) work plan objectives that address health disparities and inequities in their region. Provide a brief narrative for those activities. |

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

**1. Budget Narrative:**

Provide a 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. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

**Base funds are to be utilized first for personnel and return postage for client mailings. All subrecipients must budget an adequate amount for postage for BCCP clients to return any documentation needed to participate in the program. Subrecipients may do this through various means such as the purchase of postage stamps or a contract with the postal service for postage paid returned envelopes. Once personnel and postage for client mailings has been exhausted, base funds may be utilized for other approved purposes.**

For your convenience, a budget justification narrative example is available on the GMIS bulletin board posted 03/13/20 [Budget Justification Base and Deliverable Example Effective March 13 2020.doc](#)

|Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources. |

**2. 2021 Budget via GMIS:** Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period [06/30/2021] to [06/29/2022]. Funds may be used to support personnel, staff training, travel (see OBM website <http://obm.ohio.gov/TravelRule/default.aspx>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds.

**Base funds are to be utilized first for personnel and return postage for client mailings. All subrecipients must budget an adequate amount for postage for BCCP clients to return any documentation needed to participate in the program. Subrecipients may do this through various means such as the purchase of postage stamps or a contract with the postal service for postage paid returned envelopes. Once personnel and postage for client mailings has been exhausted, base funds may be utilized for other approved purposes.**

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH 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;
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;

**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. Please refer to the OGAPP manual for additional information.**

#### **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 GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.10 of OGAPP.

#### **F. Other Application Requirements:**

**Program Specific Attachments:** No additional attachments required.

##### **a. Other Required Documentation:**

- 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.

- **Audit:** 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](mailto:audits@odh.ohio.gov). Reference the GMIS 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 GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

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

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

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

- **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 GMIS.**

- 2. Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

**G. Human Trafficking:**

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

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

☒ Applicable to the Breast and Cervical Cancer Project

**H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

***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: Subrecipient Program Reports must be completed and submitted via GMIS by the following dates.** [Additional language is optional] **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

<i>Period</i>	<i>Report Due Date</i>
<i>June 30 – July 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – 31, 2022</i>	<i>February 10, 2022</i>
<i>February 1 – 28, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>

<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 29, 2022</i>	<i>July 10, 2022</i>

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>June 30 – July 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – 31, 2022</i>	<i>February 10, 2022</i>
<i>February 1 – 28, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>
<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 29, 2022</i>	<i>July 10, 2022</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>June 30 – September 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – March 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – June 29, 2022</i>	<i>July 10, 2022</i>

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 5, 2022 – 5th day of 2nd month after a grant period ends. 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 ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and***

*regulations.*

**APPENDICES**

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable – Objective Descriptions  
B2 Deliverable – Objective Allocations
- C. Work Plan Template



Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

Submission  
Required

Ohio Department of Health  
Bureau of Health Improvement and Wellness

See due date below

*ODH Program Title:*  
Breast and Cervical Cancer Project

Reimbursement Type (check one) Monthly ☐ OR Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

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.*

Due to ODH by 12/22/2020

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

**Name of Subgrant Program: Breast and Cervical Cancer Project (BC)**

**Budget Period: 06/30/2021 – 06/29/2022**

**# of Deliverables: 5**

**Use Budget Justification Scenario#: 1**

**X Base and Deliverables**

**\_\_\_ Deliverables Only**

### **Objective 1: Breast Cancer Screening**

Subrecipient will enroll or re-enroll women in the Breast and Cervical Cancer Project (BCCP) to receive breast cancer screening services. The subrecipient will screen the expected number of women and will be based on the cap set for the region. Subrecipient can monitor their progress on this objective in the Demographic Report in Med-IT. Deliverable will be paid incrementally at intervals of 25%. Example: once subrecipient reaches 25% of their target, they will receive 25% of the funds; when they reach 50%, the subrecipient will receive an additional 25% of the funds. Subrecipient may receive in the final expenditure report the exact percentage they reach. Example: the subrecipient reaches 78% of their objective, they will receive a total of 78% of the deliverable funds. Subrecipient is to provide services for the entire grant year even if deliverable is achieved at 100%.

### **Objective 2: Cervical Cancer Screening**

Subrecipient will enroll or re-enroll women in the Breast and Cervical Cancer Project to receive cervical cancer screening services. The subrecipient will screen the expected number of women and will be based on the cap set for the region. Subrecipient can monitor their progress on this objective in the Demographic Report in Med-IT. Deliverable will be paid incrementally at intervals of 25%. Example: once subrecipient reaches 25% of their target, they will receive 25% of the funds; when they reach 50%, the subrecipient will receive an additional 25% of the funds. Subrecipient may receive in the final expenditure report the exact percentage they reach. Example: the subrecipient reaches 78% of their objective, they will receive a total of 78% of the deliverable funds. Subrecipient is to provide services for the entire grant year even if deliverable is achieved at 100%.

### **Objective 3: County or Demographic Target**

Per subrecipient's approved workplan, at least one county or demographic objective will be set with the goal of increasing both breast and cervical cancer screenings. Subrecipient will provide a monthly progress report on the template provided by the 10<sup>th</sup> of each month for the prior reporting month. Report to be uploaded in GMIS and emailed to the BCCP program consultant. Target for objective will be set and agreed upon by subrecipient and ODH program staff. Deliverable paid when target is achieved.

### **Objective 4: Community Clinical Linkage**

Per subrecipient's approved workplan, the subrecipient will increase the number of women enrolled in the breast and cervical cancer project from established community clinical linkages. Subrecipient will provide a monthly progress report on the template provided by the 10<sup>th</sup> of each month for the prior reporting month. Report to be uploaded in GMIS and emailed to the BCCP program consultant. Target for objective will be set and agreed upon by subrecipient and ODH program staff. Deliverable paid when target is achieved.

**Objective 5 (SW Only): Health System Change**

Subrecipient will collaborate with ODH and Five Rivers Health System in the implementation of the Evidence Base Intervention Plan (EBI Plan). Quarterly conference calls will be completed along with quarterly screening data for both breast and cervical cancer. Collection of annual clinic data and screening data will be completed. Deliverable paid quarterly with completion of required data elements.

**Name of Subgrant Program: Breast and Cervical Cancer Project (BC)**

**Budget Period: 06/30/2021 - 06/29/2022**

**# of Deliverables: 5**

**Use Budget Justification Scenario #: 1**

☐ Base Only

☒ Base and Deliverables

☐ Deliverables Only

	Base	Deliverable - Objective 1 Breast Screenings	Deliverable - Objective 2 Cervical Screenings	Deliverable - Objective 3 Target County	Deliverable - Objective 4 CCL	Deliverable - Objective 5 Health System	Total
Fulton County Health Department	\$526,500.00	\$17,550.00	\$29,250.00	\$5,850.00	\$5,850.00	\$0.00	\$585,000.00
Licking County Health Department	\$318,600.00	\$10,620.00	\$17,700.00	\$3,540.00	\$3,540.00	\$0.00	\$354,000.00
Premier Community Health	\$282,690.00	\$9,423.00	\$15,705.00	\$3,141.00	\$3,141.00	\$20,000.00	\$334,100.00
Noble County Health Department	\$198,000.00	\$6,600.00	\$11,000.00	\$2,200.00	\$2,200.00	\$0.00	\$220,000.00
<b>Total</b>	<b>\$1,325,790.00</b>	<b>\$44,193.00</b>	<b>\$73,655.00</b>	<b>\$14,731.00</b>	<b>\$14,731.00</b>	<b>\$20,000.00</b>	<b>\$1,493,100.00</b>



# XY Regional Work Plan GY2022

XYZ Grant # 0000000000000000

Objective and Activities	Monitoring Approach					Target
	Data Source and Collection	Trend (Screened)	2021 mo. value	2022 mo. value	Person(s) Responsible	
1. By 06/29/22 provide breast cancer screening services to _____ clients in the XY Region.		GY19= GY20= GY21=	07 = 08 = 09 = 10= 11= 12=	01= 02= 03= 04= 05= 06=		GY22 =
a.						
b.						
c.						
d.						
e.						

**Progress:**

**July 2021:**

**August 2021:**

# XY Regional Work Plan GY2022

XYZ Grant # 0000000000000000

Objective and Activities	Monitoring Approach					Target
	Data Source and Collection	Trend (Screened)	2021 mo. value	2022 mo. value	Person(s) Responsible	
2. By 06/29/22 provide cervical cancer screening services to _____ clients in the XY Region.		GY19= GY20= GY21=	07 = 08 = 09 = 10= 11= 12=	01= 02= 03= 04= 05= 06=		GY22 =
a.						
b.						
c.						
d.						
e.						

**Progress:**

**July 2021:**

**August 2021:**

# XY Regional Work Plan GY2022

XYZ Grant # 0000000000000000

Objective and Activities	Monitoring Approach					Target
	Data Source and Collection	Trend (Screened)	2021 mo. value	2022 mo. value	Person(s) Responsible	
3. (Target County Objective)		GY19= GY20= GY21=	07 = 08 = 09 = 10= 11= 12=	01= 02= 03= 04= 05= 06=		GY22 =
a.						
b.						
c.						
d.						
e.						

**Progress:**

**July 2021:**

**August 2021:**

# XY Regional Work Plan GY2022

XYZ Grant # 0000000000000000

Objective and Activities	Monitoring Approach					Target
	Data Source and Collection	Trend (Screened)	2021 mo. value	2022 mo. value	Person(s) Responsible	
4. By 6/29/22 increase the number of women enrolled and served in XY Region from community clinical linkages.		GY19= GY20= GY21=	07 = 08 = 09 = 10= 11= 12=	01= 02= 03= 04= 05= 06=		GY22 =
a.						
b.						
c.						
d.						
e.						

**Progress:**

**July 2021:**

**August 2021:**