



MEMORANDUM

Date: February 28, 2023

To: Subrecipient agencies

From: Dyane Gogan Turner, Chief *DGT*
Bureau of Child and Family Health

Subject: Notice of Availability of Funds: Innovations to Advance Breastfeeding and Health Equity
Continuation Solicitation (BH24)

The Ohio Department of Health (ODH), Bureau of Child and Family Health announces the availability of continuation of grant funds to comprehensively address breastfeeding and health equity. Only currently funded projects for BH23 are eligible to apply. Award amounts of up to \$116,481.50 are available for each currently funded project to apply. No grant award will be issued for less than \$30,000.

All electronic applications and attachments are due by 4:00 p.m. on Monday, April 10, 2023. 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/about-us/funding-opportunities/resources/grant-solicitations>. 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 Meredith Smith at 614-644-8063 or e-mail at Meredith.Smith@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% 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: State Fiscal Year 2024 of the total project period, July 1, 2023 – June 30, 2024. 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).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter- institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: Federal Funds of up to \$465,926 for a one-year period are available to support innovative breastfeeding strategies that address health disparities. Eligible agencies may apply for a minimum of \$30,000 and a maximum of \$116,481.50. Four programs will be awarded up to \$116,481.50: Columbus Neighborhood Health Center, Inc, Breastfeeding Outreach for Our Beautiful Sisters (BOOBS), University Hospitals Cleveland Medical Center, and Cincinnati Children's Hospital Medical Center. Subrecipient awards will be based on submitted proposals as evaluated by ODH.

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 has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4 p.m. on Monday, April 10, 2023.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C 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.
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed 5 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.
- 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. **Complete Attachment 1.** Please reference Appendix D for the Workplan Template and Guidance.
- D. Documentation and Progress on Health Equity and Disparity Reduction 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 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. Provide these updates in your Program Narrative.

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 budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at Appendix E.

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. 2024 Budget via GMIS:** Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2023 – June 30, 2024.

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

- 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. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments. The attachment will be sent separately to your project contact in the correct format. The attachment must be submitted in GMIS in Microsoft Word. The attachment must clearly identify the authorized program name and program number.

- Attachment 1: Workplan

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. 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. 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 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:

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

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 that may include, but are not limited to the following:
 - 1. Populations at increased risk
 - 2. Mental health population
 - 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☐ Applicable ☒ Not Applicable to Innovations to Advance Breastfeeding and Health Equity

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.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

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

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

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

Period	Report Due Date
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

Note: Obligations not reported on the final monthly or 4th 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 p.m. on or before August 5, 2024. 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.

III. APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions (if applicable)
B2 Deliverable — Objective Allocations (if applicable)
- C. Evidence of Health Equity Strategies Checklist
- D. Workplan Template and Guidance
- E. Budget Justification
- F. Quarterly Report Template

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Office of the Medical Director
Bureau of Child and Family Health

ODH Program Title:
Innovations to Advance
Breastfeeding and Health Equity
(BH24)

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 **3/7/2023**

Please email completed form to Kathryn Berkemeyer at Kathryn.Berkemeyer@odh.ohio.gov

Appendix B1

Name of Subgrant Program: Innovations to Advance Breastfeeding and Health Equity

Budget Period: July 1, 2023 – June 30, 2024

of Deliverables: 4

Use Budget Justification Scenario #: 1

100% Deliverables

Deliverable — Objective 1: Grant Administration

By June 30, 2024, grantee will complete all administrative tasks and report necessary progress, data, and project updates to ODH.

- List objectives and activities to be completed to achieve each deliverable and total cost for each deliverable in workplan template.
- Submit final work plan to ODH no later than 30 days after NOA. Must use template provided in Appendix D of this solicitation. Must include all grant administration activities in the workplan (e.g., quarterly calls with ODH, quarterly report submissions, expenditure report submissions, final program report submission, etc.).
- Submit written quarterly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables. Template provided in Appendix F.
- Participate in meetings via conference call quarterly with ODH to discuss progress.
- Submit final program report detailing project milestones, accomplishments, outcomes, evaluation results, and findings.

Deliverable — Objective 2: Program Planning

By June 30, 2024, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective.

Deliverable — Objective 3: Implementation and Evaluation

By June 30, 2024, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective.

Deliverable — Objective 4: Dissemination

By June 30, 2024, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and decreasing health disparities with appropriate stakeholders and the community.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective.
- Results shared with the community should be provided in a culturally and linguistically appropriate manner with considerations of health literacy, those who speak English as a second language and accessibility for individuals with disabilities.

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable 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, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data.
<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or ZIP codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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

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

Appendix D

Name of Subgrant Program: Innovations to Advance Breastfeeding and Health Equity

Budget Period: July 1, 2023 – June 30, 2024

Workplan Template and Guidance

The template provided is **required** to be used by all applicants. The italicized activities, timelines, agencies, and amounts are meant to serve as examples. Please copy and paste this into a word document and enter your project specific information into this workplan. The purpose of the workplan is to outline all the activities the subrecipient will accomplish to satisfy the 4 deliverables in this grant. These deliverables can be found in Appendix B1 and in the top row of each section of the workplan below. The workplan also serves as a document to plan out reimbursement for activities over the entire budget period. This workplan will be used by the ODH program manager to track subrecipient progress.

Deliverable 1: Grant Administration				
Objective	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By June 30, 2024, grantee will complete all administrative tasks and report necessary project progress, data, and updates to ODH. Total cost: \$____ (Enter the total amount you allocated to Deliverable 1 in your budget justification).	What specific tasks/activities will you complete to meet objective in previous column? (For deliverable 1, you must include the following: submission of quarterly program reports, final program report, expenditure reports, evaluation plan, & quarterly calls with ODH).	Specific dates each activity will be completed by.	Identify person responsible for the listed activities in the previous column.	How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.
	<i>Example Activity A: Quarterly call with ODH.</i>	<i>Completed quarterly; Once in October, December, March, and June.</i>	<i>Program Manager</i>	<i>\$50/call; 4 quarterly calls x \$50/call = \$200</i>
	<i>Example Activity B: Submit quarterly program report to ODH program manager.</i>	<i>Completed quarterly Last Friday of every quarter during the budget period.</i>	<i>Program Manager</i>	<i>\$100/report; 4 quarterly reports x \$100/report = \$400</i>

<i>Example Activity C: Submit final program report.</i>	<i>Submit by July 5, 2024</i>	<i>Program Manager</i>	<i>\$200</i>
<i>Example Activity D: Submit monthly/quarterly expenditure report.</i>	<i>Completed monthly or quarterly; Due the 10th of every month/quarter</i>	<i>Fiscal manager</i>	<i>\$0</i>
<i>Example Activity E: Submit evaluation plan.</i>	<i>August 1, 2023</i>	<i>Program intern</i>	<i>\$150</i>
<i>(Please add more rows to this section of the workplan if you have additional activities and need more space.)</i>			

Deliverable 2: Program Planning

Objective	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By June 30, 2024, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities. Total cost: \$ ____ (Enter the total amount you allocated to Deliverable 2 in your budget justification).	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> <u>These activities should be specifically related to the planning or preparation phase of your program.</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u>

	Example Activity A: Create a timeline to develop, implement and evaluate the program.	August 1, 2023	Program manager	\$150
	Example Activity B: Develop data collection tool to be used in program.	August 1, 2023	Data analyst	\$500
	Example Activity C: Develop sustainability plan.	August 1, 2023	Program manager	\$500
	(Please add or remove rows to this section of the workplan if needed.)			
Deliverable 3: Implementation and Evaluation				
Objectives	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By June 30, 2024, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities. Total cost: \$ ____ (Enter the total amount you allocated to Deliverable 3 in your budget justification).	What specific tasks/activities will you complete to meet objective in previous column? These activities should be specifically related to the implementation and evaluation phases of your program.	Specific dates each activity will be completed by.	Identify person responsible for the listed activities in the previous column.	How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.
	Example Activity A: Begin disseminating survey to program participants.	November 30, 2023	Program manager	\$0
	Example Activity B: Evaluate survey results and summarize findings.	May 31, 2024	Data analyst	\$1,000

	<i>Example Activity C: Pay the salary of X staff member every month.</i>	<i>Monthly</i>	<i>Community Worker</i>	<i>\$500 monthly \$6,000 throughout the entire budgeted period.</i>
	<i>(Please add or remove rows to this section of the workplan if needed.</i>			

Deliverable 4: Dissemination

Objective	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By June 30, 2024, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and decreasing health disparities.	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> <u>These activities should be specifically related to the dissemination phase of your program.</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity?</u>
Total cost: \$_____ (Enter the total amount you allocated to Deliverable 4 in your budget justification).	<i>Example Activity A: Hold a meeting/town hall with stakeholders to share findings/results of initiative with community stakeholders</i>	<i>June 30, 2024</i>	<i>Program manager</i>	<i>\$500</i>
	<i>Example Activity B: Create a discussion guide, presentation, or summary of findings, etc. to share with ODH.</i>	<i>June 30, 2024</i>	<i>Program manager</i>	<i>\$500</i>
	<i>Example Activity C: Share impact/evaluation of program with internal/external stakeholders via newsletter, meetings, etc.</i>	<i>June 30, 2024</i>	<i>Program manager</i>	<i>\$2,000</i>

	(Please add or remove rows to this section of the workplan if needed.)			
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Appendix E

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

\$10,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2

\$45,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3

\$75,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
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Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

<ul style="list-style-type: none"> Deliverable – Objective 3 	
Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs	\$Total
Budget Grand Total	\$

- Notes:**
- 1. The budget justification must be signed by the agency head listed in GMIS.**
 - 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
 - 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient’s authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- 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.

[Signature]

[Print Name & Title]

[Date]

Appendix F

Quarterly Report Template

The workplan template may be modified to meet your needs. You may add/delete rows as needed.

Definitions of workplan template components:

- Activities
 - Steps or specific tasks program will take to meet objectives and/or overall goal.
- Expected Outcome/Data Points
 - Standard a program sets for itself to measure progress in achieving goals.
- Validation
 - Evaluative measure for each activity.
 - *All validating documentation identified must be kept on file with the funded entity.*
- Quarterly Update
 - Narrative progress toward expected outcome every quarter. Should reflect progress toward proposed objective.

Quarterly Report Template

Subrecipient Agency:

Deliverable 1: Grant Administration Objective: By June 30, 2024, grantee will complete all administrative tasks and report necessary progress, data, and project updates to ODH.			
Activities	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:
Deliverable 2: Program Planning Objective: By June 30, 2024, grantee will develop and plan an innovative initiative focused around increasing breastfeeding and decreasing health disparities.			
Activities	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:
Deliverable 3: Implementation and Evaluation Objective: By June 30, 2024, grantee will implement and evaluate an innovative initiative focused around increasing breastfeeding and decreasing health disparities.			

Activities	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:

Deliverable 4: Dissemination
Objective: By June 30, 2024, grantee will develop and implement a dissemination plan to share the results of the implemented innovative initiative focused around increasing breastfeeding and decreasing health disparities.

Key Action Steps	Expected Outcome/Data Points	Validation	Quarterly Updates
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4:
			Q1:
			Q2:
			Q3:
			Q4: