



SUBRECIPIENT REQUEST FOR PROPOSAL (RFP)

The Ohio Department of Health (ODH) is soliciting proposals for professional services.

1. **PROJECT INFORMATION:**

- 1.1. Project Title: Asthma Home Assessment Project
- 1.2. Solicitation Posting Date: Friday, January 17, 2025.
- 1.3. Inquiry Start Date: Thursday, January 16, 2025.
- 1.4. Inquiry End Date: Tuesday, February 6, 2025, by 3 p.m. All questions must be submitted via email to Procurement@odh.ohio.gov and include "DOH55576 Inquiry" in the subject line. Questions received after this date will not receive a response.
- 1.5. Bidder Conference Date: Thursday, January 30, 2025, from 12:00 pm – 1:00 pm.
 - [Join the meeting now](#)
 - Meeting ID: 295 626 615 347
 - Passcode: 5HH9am9D
- 1.6. Solicitation End Date: Thursday, February 13, 2025, by 3 p.m. All required application components must be received by **2/13/25**. Applications should be submitted email to Procurement@odh.ohio.gov and include "DOH55576 Proposals" in the subject line. Each application component must be clearly labeled.
- 1.7. Project Background: This is a 4-year project that must be renewed yearly. The primary focus of this initiative is to reduce hospital utilization and improve adherence to medication and appointments for children ages 5-18 with asthma who are on the most economically vulnerable population (<200% Federal Poverty Level), who experience a disproportionate burden of asthma. This funding opportunity is open to hospitals in Ohio's priority counties- see Appendix A. Those who will employ a Community Health Worker (CHW) to deliver guidelines-based asthma self-management education and conduct asthma home assessments for children who have had emergency department visits or hospitalizations, with particular attention to high utilizers. This funding will be awarded to two hospitals located within the state's priority counties. See Appendix A. Within the first year of the project, grantees are required to complete an Individualized Evaluation Plan [IEP] with a vendor hired independently by The Ohio Department of Health. Business Case analysis will be completed prior to the 4-year completion date.



- 1.8. Project Objective: This project will support Ohio's families of children with special health care needs, specifically those with poorly controlled asthma. The project will collect data from families whose children are or have been hospitalized or visit the emergency department for asthma-related care. Families will receive community-based, standardized asthma management education with a focus on the home environment and identification of asthma triggers. These interventions will be designed to improve wellness by supporting families, preventing further hospitalizations, and assisting children in learning how to better control their chronic health condition. This work will allow us to evaluate health outcomes related to asthma management and analyze trends over the Asthma Home Assessment Project period. This effort will greatly assist in serving as an educational and community resource for asthma management and home environmental control, as well as potentially providing a direct link to local health services and support groups for asthma management via the community health worker.

This project will follow the [CDC's EXHALE Strategies](#) from the Centers for Disease Control.

Based on best practice evidence, these have been proven that they can improve asthma control and reduce health care costs. They are intended as a resource to inform decision-making in communities, organizations, and states. The Ohio Department of Health Asthma Program [ODHAP] will strengthen existing organizational infrastructure to expand the reach of services through the six EXHALE strategies:

- Education on asthma self-management
- EXtinguishing smoking and exposure to second-hand smoke
- Home visits for trigger reduction and asthma
- Achievement of guidelines-based medical management
- Linkages and coordination of care across settings
- Environmental policies or best practices to reduce asthma triggers from indoor, outdoor, or occupational sources.

The primary objective of the Asthma Program is to reduce hospitalization and improve the quality of life for children with asthma. This project specifically addresses utilization and encompasses home-based treatment of asthma to provide comprehensive care and support wellness for children with asthma and their caregivers.



The Ohio Department of Health Asthma Program will implement a comprehensive approach to support patients enrolled in the Asthma Home Assessment Project who have been proven to present struggles with their chronic disease. This approach involves providing assistance from community health workers and conducting home visits to achieve key strategies that align with best practices in asthma care. These strategies include:

- Establishing management and support systems for asthma-friendly environments in patients' homes.
- Providing appropriate health and mental health services for individuals with asthma.
- Offering asthma education and awareness programs tailored to patients and their caregivers.
- Ensuring a safe and healthy home environment to reduce asthma triggers.
- Encouraging safe and enjoyable physical activities that accommodate asthma conditions.
- Coordinating efforts among healthcare providers, families, and community resources to better manage asthma symptoms and reduce hospitalizations.

1.9. Project Budget: \$25,000.00 Not to Exceed for each award.

1.10. Project Award: Two (2) Awards

1.11. Project Period: 4/1/2025 – 6/30/2025 including two (2) additional Renewal Terms may not exceed after 6/30/2027.

ODH reserves the right to execute multiple agreements with awarded provider to fulfill the entire project period, subject to and contingent on the discretionary decision of the Ohio General Assembly to appropriate funds (if needed) for the biennium, satisfactory performance of the awarded providers and the needs of the Ohio Department of Health

1.12. Agreement Term: 4/1/2025 – 6/30/2025 including two (2) additional Renewal Terms may not exceed after 6/30/2027.

1.13. Renewal Terms: 24 – month optional renewal period with the following renewal periods.

- Renewal Optional Period 1: 7/1/2025 – 6/30/2026.
- Renewal Optional Period 2: 7/1/2026 – 6/30/2027.



At the sole option of ODH, ODH may extend this Contract past the initial Agreement Term for a period of ninety (90) days. Renewal terms may be exercised by mutual agreement between the Subrecipient and ODH. The cumulative time of all mutual renewals may not exceed two (2) additional years and are subject to and are contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this project in each new biennium. If any renewal is exercised, a new contract will be issued at the beginning of the new biennium. ODH may evaluate whether a renewal is appropriate considering the satisfactory performance of the Subrecipient and the future and continuing needs of ODH's Programs.

2. **PROJECT REQUIREMENTS:** Offeror(s) must meet the following mandatory requirements to be considered for evaluation.

A. Project Narrative (should not exceed 5 pages):

- **Contractor Experience Requirement:**
 - Be a pediatric children's hospital within an established priority county with proven success in the field of asthma and pediatrics.
 - Must be a member of a hospital system that works directly with individuals with asthma.
 - Must have existing telemedicine infrastructure and system to collect and provide asthma-related data metrics.
 - Must have experience with both community health workers and patient home visits.
 - Must describe methods and/or systems in place for tracking patients
 - Experience maintaining health equity systems.

B. Executive Summary

- The opening of your Project Narrative should be concise. Include the name of your organization, the purpose for which you seek funding, the amount of money you are requesting, and a brief description of how you will implement the project's core activities.
- Explain how your project will provide support to patients enrolled in the asthma home assessment project, focusing on one or more of the following needs:
 - Asthma Management System
 - Patient Health



- Health Equity Services and Referrals

C. Experience

- Describe your organization's experience in creating positive outcomes and reducing barriers to wellness for patients in your community. Highlight your familiarity with serving individuals with asthma and your ongoing efforts to address asthma disparities in the population you serve.
- Provide two examples of community partnerships that have enhanced the health of individuals with asthma.

D. Priority Population

- Include a description of the population and geographic area your project will provide.
 - Focus on patients in counties highlighted in Appendix B.
 - Organizations with policies on stock albuterol, community readiness, asthma management, youth engagement, media outreach, smoking cessation, and equity-focused initiatives.

E. Problem Statement

- Describe the problems that the project aims to address.

F. Goals, Objectives & Evaluation

- Summarize your goals, including the proposed number of patients to be served.
- Define your objectives, including major activities.
- Describe your plan to document progress and results.
 - ODH will provide an Excel Spreadsheet and/or RedCap for reporting patients served in year 2.
 - Agencies must work on the ability to collect referrals to enroll in the program.
 - Patients enrolled in program include the following:



- Follow-up ED Visits and Hospitalizations measures (12 months after completion of intervention).
- Name, Date of birth, Date of enrollment, Number of people in household, Number of emergency visits in the past 12 months, Number of hospitalizations in the past 12 months.
- Asthma control test score(s).
- Social support requested (financial assistance; landlord/tenant support, remediation of indoor triggers; food assistance; other).
- Medical referrals provided to include Primary Care Referral (if applicable)
- Allergy testing or Referral (if applicable).
- Spirometry; Pulmonology Referral (if applicable).
- Specify state Medicaid service (Buckeye Community Health Plan, CareSource, Molina Healthcare of Ohio, Paramount Advantage, United Healthcare Community Plan, Anthem,) Uninsured or private insurance information.
- Transportation; Housing; Legal; Food, clothes and household items.
- In addition, surveys should be conducted to inquire about the following information:
 - Assessment of asthma severity.
 - Assessment of asthma control.
 - Use of spirometry.
 - Use of asthma action plans.
 - Teach or review correct inhaler technique.
 - Influenza vaccination.



- Referrals to asthma self-management program, smoking cessation services, and other home or community services, including home visit programs.
- Asthma Pediatric/Caregiver's Quality of Life Questionnaire, knowledge questionnaire, appropriate medication ratio.
- Asthma hospitalizations, Asthma ED visits, and other asthma-related urgent or unscheduled visits.

G. Potential Barriers

- Identify any potential challenges or barriers you anticipate in executing this project.

CDC Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body of the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body.
- Recipients may not use funds for research. Public health surveillance and program evaluation activities for the purpose of monitoring program performance are not considered research. However, identifiable information collected must be kept confidential.



- Recipients may not use funds for personal health services, medications, medical devices (such as spacers, spirometers, or peak flow meters), or other costs associated with the medical management of asthma.
- Recipients may not use funds to pay for scholarships for children to attend asthma camps.
- Recipients may not use funds for asthma screenings.

3. Subrecipient Notice of Award Requirements: Eligible organizations may include State, Local and Indian Tribal Governments, institutions of higher education, non-profit organizations (including faith-based, community-based, and tribal organizations), and hospitals. This solicitation is directed toward hospitals operating within the state of Ohio. Specific eligibility requirements are found in the program specific Solicitation.

4. **SCOPE OF WORK AND DELIVERABLES:**

4.1. Scope of Work:

SCOPE OF WORK	
3.1.1	<p>Offeror(s) must attend a virtual kick-off meeting with ODH Project Manager.</p> <ul style="list-style-type: none">• Kick Off Date: TBD, based on availability of funded agencies. Virtual Meeting on Teams, links will be sent to funded entities prior to meeting.• During the meeting attendance will be recorded and provided for attendees for verification of attendance.
3.1.2	<p>Offeror(s) must attend three Technical Assistance (TA) Meetings to discuss program updates.</p> <ul style="list-style-type: none">• Discuss preparations required for implantation in year 2.• Discuss the Individualized Evaluation Plan for agency review.• During the meeting attendance will be recorded and provided for attendees for verification of attendance.
3.1.3	<p>Offeror(s) must attend a total of three site-specific working sessions (virtual meetings) with the ODH assigned evaluator.</p> <ul style="list-style-type: none">• These meetings will be to discuss implementation of the Individualized Evaluation Plan.• Meeting dates/times will be agreed upon Kick-off meeting.



3.1.4	<p>Offeror(s) must develop a plan to document progress and results and create a monthly performance report using the ODH Performance Measure Template, with a strategy for data submission through RedCap. Link will be provided to funded agency.</p> <ul style="list-style-type: none">The plan should include tracking monthly submissions and monitoring the number of children served. Grantees will focus on establishing a clear understanding of the template and metrics that must be mandatorily submitted each month next year.
3.1.5	<p>Offeror(s) must develop a comprehensive plan for enrolling and completing patient participation in the Asthma Home Assessment Project.</p> <ul style="list-style-type: none">The plan should include the use of the 'Wee Breathers' evidence-based practice program by the Asthma and Allergy Foundation of America (AAFA) or another agreed-upon evidence-based program. Community Health Workers (CHWs) will be guided to implement this program during home visits, integrating considerations of social determinants of health.The plan should also outline strategies for tracking and documenting these factors and maintaining detailed records of any social determinants that impact patient outcomes.
3.1.6	<p>Offeror(s) must develop a standardized plan for Community Health Worker (CHW) visits to ensure consistent care for enrolled families/individuals with asthma.</p> <ul style="list-style-type: none">The plan will require each family/individual to receive a minimum of three CHW sessions, adhering to the ODH Community Health Worker checklist to follow best practices.Additionally, the plan should include the provision of ODH-approved asthma educational videos to establish a baseline understanding of asthma management. Specific guidelines for video use can be found in Appendix B, and best practice checklists are detailed in Appendix D.
3.1.7	<p>Offeror(s) must develop staffing plan to support the coordination and implementation of project deliverables, detailing the assignment of Community Health Workers, Registered Nurses, or other staff.</p> <ul style="list-style-type: none">The plan should specify the time equivalent (e.g., 0.5 FTE, 1.0 FTE) for each staff member dedicated to the project. Administrative reimbursement of \$9,600 will be contingent upon maintaining these staff assignments and providing evidence of employment through paystubs and documented hours.The plan should outline processes for tracking and submitting the required proof to ODH to ensure full payment in salary. As well as provide proof of employment and resume of employed individual(s) or proof of efforts to hire a CHW.
3.1.8	<p>Offeror(s) must complete and submit an Annual Report in Microsoft PowerPoint format that shall include the following:</p> <ul style="list-style-type: none">Overview and Goals of programObjectives, Milestones and Activities



	<ul style="list-style-type: none"> • Compare hospital data to national data • Evaluation activities • Partnerships formed • Program facilitators • Use of findings • Sustainability • Success stories with direct quotes. • Policy changes • Next steps <p>A collaborative approach will be taken with ODHAP during the TA meetings to assist with this.</p>
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4.2. Deliverables and Due Dates:

- If contract renewals are exercised, the specific renewal deliverables will be defined closer to the conclusion of the current contract period.

DELIVERABLES		DUE DATE
3.2.1	Attend Virtual Kick-Off Meeting on mutually agreed upon date.	Within 30 days after awarded contract.
3.2.2	Attend three Technical Assistance (TA) Meetings to discuss program updates.	All dates must be within 15 days before the contract end date of 6.30.25.
3.2.3	Attend a total of three site-specific working sessions (virtual meetings) with the ODH assigned evaluator.	All dates must be within 15 days before the contract end date of 6.30.25.
3.2.4	Develop a plan to document progress and results and create a monthly performance report using the ODH Performance Measure template, with a strategy for data submission through RedCap. <ul style="list-style-type: none"> • The plan should include tracking monthly submissions and monitoring the number of children served. 	All dates must be within 15 days before the contract end date of 6.30.25.
3.2.5	Develop a comprehensive plan for enrolling and completing patient participation in the Asthma Home Assessment Project.	All dates must be within 15 days before the contract end date of 6.30.25.



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3.2.6	Develop a standardized plan for Community Health Worker (CHW) visits to ensure consistent care for enrolled families/individuals with asthma.	All dates must be within 15 days before the contract end date of 6.30.25.
3.2.7	Develop a staffing plan to support the coordination and implementation of project deliverables, detailing the assignment of Community Health Workers	All dates must be within 15 days before the contract end date of 6.30.25.
3.2.8	Submit an Annual Report will be completed in Microsoft PowerPoint format.	All dates must be within 15 days of the contract end date of 6.30.25

5. TECHNICAL EVALUATION CRITERION:

SUBRECIPIENT PROFILE		WEIGHT
4.1	Offerors must describe experiences creating positive experiences for patients with asthma.	5
4.2	Offerors must have familiarity with community health workers and home visiting practices.	5
4.3	Offerors include two examples of health initiatives currently implemented through hospital systems using community health workers or patients with asthma	5

STAFFING PLAN (PERSONNEL PROFILE)		WEIGHT
4.4	Offeror included DRAFT Staffing Plan to support the coordination and implementation of project deliverables	5

WORK PLAN		WEIGHT
4.5	Offeror included Executive Summary in their Technical Proposal. <ul style="list-style-type: none">Name of OrganizationPurpose of FundingAmount Requested	5



	<ul style="list-style-type: none">Agreement to utilize the ODH community health worker checklist to ensure standardization among patients enrolled in AHAP.	
4.6	<p>Offeror included their entity's Priority Population evidence in their Technical Proposal.</p> <ul style="list-style-type: none">Entity is a pediatric children's hospital with proven success in the field of asthma and pediatrics.Entity has existing telemedicine infrastructure and system to collect and provide asthma related data metrics.Entity is serving Students in Ohio Priority Counties on <u>Appendix A</u>.	45
4.7	<p>Offeror included a Problem Statement in their Technical Proposal.</p> <ul style="list-style-type: none">Describe the problem(s) that the project will address	10
4.8	<p>Offeror included Project Goals, Objectives & Evaluation methods in their Technical Proposal.</p> <ul style="list-style-type: none">Summarize GoalsDefine ObjectivesIf applicable, existing Asthma Program in progress.If applicable, intended partnership w/ Local health Department and/or Community Health Workers.Plan to evaluate and document progress.If supporting existing project, outcomes of project to date.	10
4.9	Offeror included Potential Barriers in their Technical Proposal.	5
4.10	<p>Offeror included Priority Geographies in their Technical Proposal</p> <p>Included a county identified as having high Asthma disparities <u>Appendix A</u>.</p>	5
TOTAL		100



6. **PROPOSAL SCORING**

CRITERIA	MAXIMUM ALLOWABLE POINTS
Technical Proposal	500
Cost Proposal	200
Embedded MBE Set -Aside	50
Total	750



Appendix A: Asthma Disparities - Ohio Priority Counties

2022 Ohio Priority Counties– In 2022, thirteen counties experienced a Child Asthma emergency department/hospital admission rate above the state average of 76.4 per 10,000 Ohio children ages 0-17. (Found in State Plan)

- Champaign – 78.0
- Clark – 102.5
- Cuyahoga – 136.0
- Franklin – 77.4
- Greene – 86.1
- Lake – 78.8
- Lorain – 87.0
- Lucas – 117.0
- Mahoning – 205.5
- Montgomery – 154.4
- Perry – 79.9
- Summit – 117.2
- Trumbull – 87.9



Appendix B –Asthma Self-Management Programs

- Link to The Asthma and Allergy Foundation of America (AAFA) Wee Breathers™ program guidelines which is required to ensure that evidence-based practice is employed.
 - <https://www.aafa.org/wp-content/uploads/2022/10/wee-breathers-full-program-english.pdf>
- Link to Breathe Well, Live Well® which is the American Lung Association's adult asthma self-management program which is required to ensure that evidence-based practice is employed.
 - <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/health-professionals-educators/breathe-well-live-well>
- Link to Kickin' Asthma which is the American Lung Association's asthma self-management program for kids ages 11-16 (grades 6-10) which is required to ensure that evidence-based practice is employed.
 - <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/health-professionals-educators/kickin-asthma>
- Link to The Asthma and Allergy Foundation of America (AAFA) You Can Control Asthma program guidelines which are required to ensure that evidence-based practice is employed.
 - <https://secure.aafa.org/np/clients/aafa/product.jsp?product=205&>



Appendix C –ODH Asthma Educational Series

Links to the ODH Asthma Educational Series available on YouTube to be used at home visits by the community health worker.

1. <https://youtu.be/4CjwBQxUAdM>
Asthma Education Module 1: Asthma Basics
2. <https://youtu.be/E6dWMFQchYQ>
Asthma Education Module 2: Asthma Medicines
3. <https://youtu.be/1eHTyvsOfto>
Asthma Education Module 3: Using Inhalers
4. <https://youtu.be/hKZOg-jnRtM>
Asthma Education Module 4: Asthma Action Plan
5. <https://youtu.be/tAe6O5Mu8pI>
Asthma Education Module 5: Asthma Warning Signs
6. <https://youtu.be/MpNdiY6BtJM>
Asthma Education Module 6: Allergic Asthma Triggers
7. https://youtu.be/qbo_5FF6L-E
Asthma Education Module 7: Non-Allergic Asthma Triggers
8. <https://youtu.be/WYfqDjn1nhw>
Asthma Education Module 8: Indoor Air Quality
9. <https://youtu.be/MFhXa7qywQA>
Asthma Education Module 9: Outdoor Air Quality
10. <https://youtu.be/azx4rKR0j8>
Asthma Education Module 10: Breathing Exercises

 YouTube Asthma Educational Series





Appendix D –Community Health Worker Checklist

STEP	PROCESS DESCRIPTION	TIME
1. Registration	<p>Patients suffering from asthma who come into the grantee's setting for an asthma exacerbation are to be registered in the Asthma Home Assessment Project.</p> <p>Establish a reliable method of communication with patient/family.</p> <p>→ Record the initial Asthma Control Test score.</p> <p>https://www.asthmacontroltest.com/welcome/</p>	As Is Basis
2. Assign	<p>The project manager/primary investigator of the program at awarded hospital will notify and supply the list of eligible children to the employed Community Health Worker or Health Home Coordinator</p>	As Is Basis
3. Outreach	<p>Community Health Worker contacts the parent/guardian/child to discuss and schedule a home visit</p>	7-14 Days of Registration
4. Home Visit 1	<p>Community Health conducts initial home visit #1. Discuss the chosen evidenced based course (Breathe Well, Live Well; Kickin Asthma; You Can Control Asthma; Wee Breathers;), provide ODH YouTube videos 1-3 and other educational measures as one sees fit.</p> <p>→Record the initial Asthma Control Test score.</p>	21-28 Days of Registration
4a. Housing Specialists	<p>Determine eligibility for Housing Specialist referrals</p>	30 Days of 1 st Home Visit
5. Home Visit 2	<p>Community Health conducts home visit #2. Continue working through the evidence-based course and provide ODH YouTube videos 4-7 and other educational measures as one sees fit.</p>	35-56 Days of Registration
6. Home Visit 3 - Education	<p>Community Health conducts visit home visit #3. Continue working through and complete the evidence-based course and provide ODH YouTube videos 4-7 and other educational measures as one sees fit</p> <p>→Record the initial Asthma Control Test score.</p>	65-101 Days of Registration



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	https://www.asthmacontroltest.com/welcome/	
6b. Home Visit 3 - Specialist	Housing Specialist and Community Worker or Hospital Health Home Coordinator conduct comprehensive evaluation of environmental triggers, estimate repairs, and notify contractors upon approval	
7. Home Visit 4	3-month post-intervention	145-191 Days of Registration
9. Evaluation	Team combines programmatic data with member and claims data to complete the Annual Report PowerPoint and submits any and all remaining metrics to ODH.	2-4 months after post intervention complete



Appendix E –Scoring Rubric

Required Attachment	Provided	Comments	
Letter of Intent	<input type="checkbox"/>		
Project Narrative	<input type="checkbox"/>		
Criteria	Max Review Score	Reviewer Score	Comments
Executive Summary			
Name of Organization	10		
Purpose for funding			
Amount Requested			
<ul style="list-style-type: none">Agreement to utilize the ODH community health worker checklist to ensure standardization among patients enrolled in AHAP.			
Experience			
Describe experiences creating positive experiences for patients with asthma.	15		
Familiarity with community health workers and home visiting practices.			



Two examples of health initiatives currently implemented through hospital systems using community health workers or patients with asthma.			
Priority Population			
Be a pediatric children's hospital with proven success in the field of asthma and pediatrics.	15		
Have existing telemedicine infrastructure and system to collect and provide asthma related data metrics.	15		
Serving Students in Ohio Priority Counties on Appendix A.	15		
Problem Statement			
Describe the problem(s) that the project will address	10		
Goal, Objectives & Evaluation			
Summarize goals	10		
Define objectives			
If applicable, existing Asthma Program programs			
If applicable, intended partnership w/ Local health Departments and/or Community Health Workers			



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Plan to evaluate and document progress.			
If supporting existing project, outcomes of project to date			
Potential Barriers			
Potential barriers	5		
Priority Geographies			
A county identified as having high Asthma disparities (Appendix A)	5		
TOTAL	100		

Final Recommendation for Funding

☐ Approval and funding of application as submitted (no special program conditions)

☐ Approval and funding of application with special conditions

Special conditions of funding:

☐ Disapproval of application as submitted.

Comments:

Final Approver Signature: _____ Date: _____