



MEMORANDUM

Date: [April 13, 2021]

To: Subrecipient agencies

From: [Dyane Gogan-Turner, Chief *DGT*]
Bureau of Maternal, Child, and Family Health
Ohio Department of Health

Subject: Subrecipient [Special Supplemental Nutrition Program for
Women, Infants, and Children (WIC), Fiscal Year 2022 (10/1/2021 – 9/30/2022)]

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

All electronic applications and attachments are due by 4:00 p.m., [May 24, 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 [(insert hyperlink)]. 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 [Bre Haviland] at [Breanne.Haviland@odh.ohio.gov.]

Table of Contents

| | |
|--|----|
| I. <u>CONTINUATION FUNDING APPLICATION GUIDANCE</u> | |
| A. Policy and Procedure | 2 |
| B. Number of Grants and Funds Available | 2 |
| C. Formatting Requirement for Attachments | 2 |
| D. Qualified Applicants | 3 |
| II. <u>PROGRAM UPDATES</u> | |
| A. Program Progress Report | 3 |
| B. Program Narrative | 3 |
| C. Objectives and Work Plans | 3 |
| D. Documentation & Progress on Health Disparity/Inequity Activities..... | 6 |
| E. Program Budget..... | 6 |
| F. Other Application Requirements | 9 |
| G. Human Trafficking | 11 |
| H. Post Submission Requirements..... | 11 |
| III. <u>APPENDICES</u> | |
| A. Continuation Solicitation Reimbursement Type Form | |
| B1. Deliverable – Objective Descriptions - Not Applicable] | |
| B2. Deliverable – Objective Allocations - Not Applicable] | |
| C. Place Matters Documentation Template – Not Applicable | |
| D. Other Program Documents | |
| 1. FY22 Clinic and Staff Data Sheet (Attachment 1) | |
| 2. Breastfeeding Peer Helper Program Budget and Expenditure Form (Attachment 2) | |
| 3. Budget Tool (Attachment 3) | |
| 4. Voter Registration Assistance Plan (Attachment 4) | |
| 5. WIC Time Study (Attachment 5) | |
| 6. Farmers’ Market (Attachment 6) | |
| 7. Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 7) | |
| 8. Nutrition Education Plan (Attachment 8) | |
| 9. Program Attachment Checklist (Attachment 9) | |
| 10. FY22 Local Project Funding and Caseload Plan (Attachment 10)] | |

I. CONTINUATION FUNDING APPLICATION GUIDANCE

 X **Base Only Funding** **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: [10/1/2021 through 9/30/2022] of the total project period, [10/1/2019 through 9/30/2022.] 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: [Up to 74 grants may be awarded for a total amount up to \$49,189,157. The maximum funding that will be awarded to each designated service area is listed in the FY22 Local Project Funding and Caseload Plan attachment in the FY22 Total NOA column]

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, May 24, 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.** [WIC programs should submit the second quarter electronic Quarterly Activity Report (eQAR) in GMIS per eQAR instructions by April 10, 2021, as required in the last competitive solicitation.]

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. **[Follow the format below. If there are no changes, please state, "no changes" as appropriate.**

1. Description of Applicant Agency/Documentation of Eligibility/Personnel:

- (a) Review the Certifying Health Professional resumes to confirm the annual licensure requirement of all applicable positions. In the program narrative, please state whether all licenses have been updated or when they will be updated based upon expiration dates. Refer to Section 113.3 of the Ohio WIC Policy and Procedure Manual (PPM) for guidance.
- (b) In the program narrative, please include descriptions for newly created or substantially revised positions.
- (c) Please state the total number of hours that are used to calculate your project's full-time equivalency (i.e., 35, 37, or 40).
- (d) Indicate that State WIC policy will be followed for recruiting and hiring should a vacancy occur.
- (e) Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.
- (f) WIC Policy requires an annual time study to be completed each year by all employees paid with WIC funds. The summary sheet for each staff member must be submitted as Attachment 5 to the FY22 grant application.
- (g) Review the Voter Registration Assistance Plan (Attachment 4) for FY22. Ohio Administrative Code Rule 111-10-02 requires that each voter registration agency submit an updated voter registration plan each year. If the voter registration

coordinator has changed or the delivery method has changed, state who the project's voter registration coordinator will be and/or what the new method of delivery will be in FY22. **If there are no changes, please state, "no changes."**

2. Problem/Need: In an outline format, describe how the program will address the following:

- (a) WIC/Community Health Care Coordination: In the Program Narrative, please state if there are changes in providers. If there are changes, submit revised Private Physician/Hospital/Clinic/Medical Services Memorandum of Agreement (MOA) forms (Attachment 7) with the grant application or explain when the form/s will be sent prior to October 1, 2021. Refer to Section 283 of the PPM. **If there are no changes, please state, "no changes".**
- (b) Plans for breastfeeding promotion and support: Restate your project's breastfeeding goals for FY21. Discuss whether or not they were met and why. Note your project's breastfeeding goals for FY22. Describe activities planned for promoting, protecting, and supporting breastfeeding during FY22.
- (c) WIC Projects are evaluated by the State Agency/ODH on a biennial basis using the Management Evaluation Guide referenced in Chapter and Appendix 100 of the PPM. Using information from your last Management Evaluation, describe all cited corrective actions, and describe your progress to successfully resolve these issues. Describe any revisions made to your action plan to increase your success in meeting program requirements. Projects with an FY21 second or third quarter Management Evaluation do not need to respond in this application.
- (d) Per Substitute Senate Bill Number 332 of the 131st General Assembly, WIC clinics are required to promote the use of technology-based resources, such as mobile telephone or text messaging applications that offer tips on having a healthy pregnancy and healthy baby to clinic participants who are pregnant or have an infant who is less than one year of age. To assist, reference PPM section 120.6, Media Use, item (1) Social Media, and the General guidance documents, *Ohio WIC Facebook Guidance* and *Ohio WIC General Social Media Guidance* which are found in Appendix 100. Provide the project's plans to promote healthy pregnancy and healthy baby messages through social media.

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. [FY22 SMART Objective. Local projects will provide education to all active women participants on the importance of folic acid intake throughout the childbearing years in order to prevent birth defects. Projects must track the number of active women participants, document the number provided with education, and the number of women who agree to take a daily folic acid supplement inter-conceptually. Report data in SMART Objective section of the eQAR.

Plans for providing Nutrition Education:

1. Describe the specific methods to be used to provide nutrition education for non-high-risk WIC participants by completing Attachment 8. Identify the tentative plan for the first quarter, including participant category, topic, and educational format (i.e., class, module, newsletter, bulletin board, internet, YouTube, outside entity, WICHealth.org, etc.) OR submit a full year's Nutrition Education Plan by completing the entire 2022 calendar.

Describe how topics are chosen and identify the person responsible for the Nutrition Education Plan, i.e. Nutrition Education Coordinator or Consultant Dietitian (if applicable).

On each quarterly report the Local Project will report the actual Nutrition Education Plan that was implemented during the quarter and the tentative plan for the next quarter to complete the annual Nutrition Education Plan by the end of FY2022.

2. Describe how each method used:
 - is evaluated to determine if it is an effective method for the participant.
 - evaluates if the participant has increased knowledge or skills after using the method.
3. Provide information on any outside entities or non-WIC personnel used for nutrition education.
4. Describe the procedures used to ensure that nutrition education materials, modules, and class outlines are up to date.
5. How do you ensure that nutrition education materials, modules, and class outlines meet the needs of each participant category?
6. Describe the plan for processing high-risk participants. Is your local plan the same as the state's high-risk plan? If your local plan is different, identify the differences. See WIC Policy and Procedure Manual Section 403 for the state's high-risk plan.
7. Describe the plan for providing VENA and counseling skills education for all health professionals (HP). Describe how often counseling and education skills are re-evaluated and any plans to assist HPs in gaining more knowledge or skills.

c) Plans for breastfeeding promotion and support:

1. Ohio WIC policy requires local WIC projects to train all staff to support breastfeeding. Unless detailed in the budget narrative, list each staff person by job title here and describe their role in supporting breastfeeding. Explain how your project will provide ongoing breastfeeding support training for staff.
2. List your project's breastfeeding goals for FY2022. Outline your project's plan for achieving each goal. Explain how you will monitor progress toward achieving each goal.
3. Describe your project's plan for addressing breastfeeding issues and medical problems that are beyond the skill level of WIC health professionals. Please provide the name and

contact information for at least one person that will serve as a local IBCLC referral source.

4. Ohio WIC provides breast pumps to qualifying WIC participants. Describe your project's pump program and how you determine eligibility for a breast pump. Explain your project's process for helping to ensure women have a successful pumping experience.
5. List two areas in which your project can work to improve breastfeeding support for staff, participants, and community members. Explain how you plan to address these areas.
6. Describe how your project's Breastfeeding Peer Helper Program supports moms in achieving their breastfeeding goals.
7. List the breastfeeding partners in your community and outline opportunities for coordinating activities to promote, protect, and support breastfeeding during FY2022. (This could include ideas for Breastfeeding Awareness Month activities.)

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 project's answer to the FY21 SMART objective is considered a response to this question]

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

1. Budget Narrative:

Provide 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.

For your convenience, a budget justification narrative example is available at [(add hyperlink)]

[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. **[2022] 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 [10/1/2021] to [9/30/2022]. 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

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;
23. [Additional program specific Unallowable Costs per the Catalog of Federal Domestic Assistance (CFDA), Program regulations and directives or state law specifications, which may be provided in the Solicitation.
24. Certification: ODH will not reimburse any local agency staff member for performing heights, weights, blood-work, and evaluations on a cost per certification basis;
25. The expenses of the Chief or Assistant to the Executive Office of the local agency or of a political subdivision except when that officer functions as a WIC health professional;
26. Advertising (i.e., print, radio, television) unless directed at the appropriate target audience; all TVs must be preapproved;
27. Staff overtime expense or any salary increase that exceeds 10 percent of a position's budgeted salary, unless justified and approved by ODH WIC program;
28. New staff positions, unless justified and approved by ODH WIC program;
29. Outreach, nutrition education materials, and conference registration or materials costs exceeding \$300.00, unless justified and approved by ODH WIC program;
30. Any rent increase or move to a new clinic site, unless justified and approved by ODH WIC program;
31. Hemoglobin or hematocrit blood draw and processing charge greater than \$3.63/test, unless justified and approved by ODH WIC program;
32. All IT equipment regardless of cost;
33. Outreach items such as breast pumps, breastfeeding aids, and written materials purchased with Breastfeeding Peer Helper Program funds.

*Subrecipients will no longer be permitted to purchase office furniture, including but not limited to desks, chairs, file cabinets, using funding received from ODH. Subrecipients are permitted to purchase office furniture using the indirect funding collected from ODH subgrant funding. The transition to deliverable-based subgrants also provides another avenue for subrecipients to purchase office furniture. If office furniture is included in your current budget, you must attach a purchase order showing the purchase date. Any office furniture purchased on or after August 1, 2016, will be disallowed. Office furniture is being added to the Unallowable List in the solicitations and the OGAPP manual. With prior written approval, the ODH WIC subgrant program is permitted to purchase replacement office furniture within the first two quarters of the grant year. The ODH Director may grant a waiver to this policy under special circumstances. The written waiver request must clearly detail the circumstance for the need to purchase replacement office furniture (i.e., fire, flood). If a recipient no longer receives subgrant funding used to purchase office furniture, the furniture must be returned to ODH or transferred to another subrecipient receiving those subgrant funding. Please contact your grant consultant if you have any further questions. |

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: Complete and submit the following attachments.

Attachments will be sent separately to your project in a Microsoft Office Program to complete and submit via GMIS. All attachments submitted to GMIS must be attached in one of the following formats: Microsoft Word or Microsoft Excel. Attachments 2, 3, 5, 6, 8, and 9 must be completed and submitted. Attachments 1, 4, and 7 are to be completed and submitted only if changes have occurred since 2021.

1. FY22 Clinic and Staff Data Sheet (Attachment 1)
2. Breastfeeding Peer Helper Program Budget and Expenditure Form (Attachment 2)
3. Budget Tool (Attachment 3)
4. Voter Registration Assistance Plan (Attachment 4)
5. WIC Time Study (Attachment 5)
6. Farmers' Market (Attachment 6)
7. Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 7)
8. Nutrition Education Plan (Attachment 8)
9. Program Attachment Checklist (Attachment 9)
10. FY22 Local Project Funding and Caseload Plan

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:

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 ☒ Not Applicable to (Special Supplemental Nutrition Program for Women, Infants, and Children (WIC))

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

| <i>Period</i> | <i>Report Due Date</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 30, 2022</i> | <i>July 10, 2022</i> |
| <i>July 1 – September 30, 2022</i> | <i>October 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>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 – 30, 2022</i> | <i>July 10, 2022</i> |
| <i>July 1 – 31, 2022</i> | <i>August 10, 2022</i> |
| <i>August 1 – 31, 2022</i> | <i>September 10, 2022</i> |
| <i>September 1 – 30, 2022</i> | <i>October 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>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 30, 2022</i> | <i>July 10, 2022</i> |
| <i>July 1 – September 30, 2022</i> | <i>October 10, 2022</i> |

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 4:00 p.m. on or before November 5, 2022. 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 (if applicable)
B2 Deliverable – Objective Allocations (if applicable)
- C.** Place Matters Documentation Template
- D.** Other Program Documents
 - 1. FY22 Clinic and Staff Data Sheet (Attachment 1)
 - 2. Breastfeeding Peer Helper Program Budget and Expenditure Form (Attachment 2)
 - 3. Budget Tool (Attachment 3)
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Mike DeWine, Governor
Jon Husted, Lt. Governor

Stephanie McCloud, Director

**CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM**

**Submission
Required**

Ohio Department of Health
Bureau of Maternal, Child, and Family
Health

See due date below

ODH Program Title:

WIC ADMINISTRATION -WIC (WA22)

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 April 27,2021

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

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario#:

☐ **Base and Deliverables**

☐ **Deliverables Only**

Deliverable – Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable – Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Place Matters Documentation Template

County: Your County

Budget Period:

GMISID:

Agency Name:

Subgrant Program:

| Geography Type | Specify Geography or Location | Data Source |
|--------------------------|-------------------------------|-------------|
| Census Tract (FIPS Code) | | |
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| | | |

Project Name:

Attachment 1 - Clinic and Staff Data Sheet – FY 2022

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

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

☐ Standalone

☐ Portable (Laptop)

☐ Paper

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

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

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

Last Name, First Name

Position

Copy and paste additional pages for each clinic

FY22 Attachment 2
Breastfeeding Peer Helper
Program Budget and
Expenditure Form

[illegible]

Rev 3/1/14
Eff 3/1/14
PPL183

Attachment 3

Budget Tool FY 2022

| Employee | Function/Title | HP / BF Credenti als | Program Ti me (%) | Yearly Sala ry (\$) | Program Salar y Cost (\$) | Program Salary per NCBA Hr. | Fringe Ra te (%) | Program Fringe Cost (\$) | Progra m Total Cost (\$) | NCBA Cost | Hrs/ Wk | NCBA \$/y | Other Fundi ng Sourc es | Ti me (%) | non-wor k Salary |
|--|----------------|----------------------------|----------------------------|------------------------------|---------------------------------------|---|-------------------------------|-----------------------------------|--------------------------------------|-------------------|------------|--------------|----------------------------------|---------------------|------------------------|
| | | | | | \$ - | | | \$ - | \$ - | Admin | | n.a. | | 0% | n.a. |
| Program Salary and Salary from Other Funding Sources do not equal 100%Missing NCBA Data Missing Program Salary | | | | | | | | | | Breastfeedin g | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Clinic | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Nutrition | | n.a. | | 0% | n.a. |
| | | | | | \$ - | | | \$ - | \$ - | Admin | | n.a. | | 0% | n.a. |
| Program Salary and Salary from Other Funding Sources do not equal 100%Missing NCBA Data Missing Program Salary | | | | | | | | | | Breastfeedin g | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Clinic | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Nutrition | | n.a. | | 0% | n.a. |
| | | | | | \$ - | | | \$ - | \$ - | Admin | | n.a. | | 0% | n.a. |
| Program Salary and Salary from Other Funding Sources do not equal 100%Missing NCBA Data Missing Program Salary | | | | | | | | | | Breastfeedin g | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Clinic | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Nutrition | | n.a. | | 0% | n.a. |
| | | | | | \$ - | | | \$ - | \$ - | Admin | | n.a. | | 0% | n.a. |
| Program Salary and Salary from Other Funding Sources do not equal 100%Missing NCBA Data Missing Program Salary | | | | | | | | | | Breastfeedin g | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Clinic | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Nutrition | | n.a. | | 0% | n.a. |
| | | | | | \$ - | | | \$ - | \$ - | Admin | | n.a. | | 0% | n.a. |
| Program Salary and Salary from Other Funding Sources do not equal 100%Missing NCBA Data Missing Program Salary | | | | | | | | | | Breastfeedin g | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Clinic | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Nutrition | | n.a. | | 0% | n.a. |
| | | | | | \$ - | | | \$ - | \$ - | Admin | | n.a. | | 0% | n.a. |
| Program Salary and Salary from Other Funding Sources do not equal 100%Missing NCBA Data Missing Program Salary | | | | | | | | | | Breastfeedin g | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Clinic | | n.a. | | 0% | n.a. |
| | | | | | | | | | | Nutrition | | n.a. | | 0% | n.a. |

| | | | | |
|---------------|------------|----------------------|---------------|---------------|
| Admin | 166 | \$ 200,373.46 | 42.0% | 42.5% |
| Breastfeeding | 67 | \$ 79,260.46 | 17.0% | 16.8% |
| Clinic | 64 | \$ 75,110.68 | 16.2% | 15.9% |
| Nutrition | 98 | \$ 116,958.40 | 24.8% | 24.8% |
| Total | 395 | \$ 471,703.00 | 100.0% | 100.0% |

Attachment 4

**VOTER REGISTRATION ASSISTANCE PLAN
Fiscal Year 2022**

WIC PROGRAM

(Project Name)

(GMIS Project Number)

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

1. ____ The name of the voter registration coordinator and the locations of all the local clinic sites where voter registration is being conducted were reviewed and submitted in response to the FY2022 grant application.
2. ____ This local WIC project will be conducting voter registration at each application and recertification visit according to section 207 of the Ohio WIC Policy and Procedure Manual.
3. ____ Each WIC applicant will be provided a copy of the *Designated Voter Registration Notice of Rights* form at the time of application and recertification.
4. ____ Each local WIC project staff person who will be giving out and accepting voter registration forms will be trained according to section 207 of the Ohio WIC Policy and Procedure Manual.
5. ____ The local WIC voter coordinator is: _____.
The coordinator has met with a representative of the County Board of Elections and discussed and agreed that the *Agency Based Voter Registration Transmission Form* and the completed *Voter Registration Forms* will be transmitted to the Board of Elections within five days through:

(Check All That Apply)

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

Employee Time Study Report

Employee Name: 0 Position: 0
 Type in Total Regular WIC hrs/wk: 0 Clinic(s): _____

Date Time Study was Conducted: From: 1/0/00 To: 1/0/00

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

Percent Nutrition Education: #DIV/0!
 Percent Clinic Services: #DIV/0!
 Percent Breastfeeding: #DIV/0!
 Percent Administration: #DIV/0!
 Percent PH Breastfeeding: #DIV/0!

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

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

N Hours #DIV/0!
 C Hours #DIV/0!
 B Hours #DIV/0!
 A Hours #DIV/0!
 PHB Hours #DIV/0!

*If the decimal is 0.5 or greater round up

*If the decimal is 0.4 or less round down

* Add PHB+B hours together for B hours on the Personnel Budget

For Director's use only

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

Enter employee's new hours

*self calculates

N Hours #DIV/0!
 C Hours #DIV/0!
 B Hours #DIV/0!
 A Hours #DIV/0!
 PHB Hours #DIV/0!

Justification:

Date:

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

N Hours
 C Hours
 B Hours
 A Hours
 PHB Hours

Justification:

Date:

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

Employee Name: _____ Date: _____ ☐ Check to Authenticate Signature

Supervisors Name: _____ Date: _____ ☐ Check to Authenticate Signature

Employee Monthly Time Study ReportEmployee Name: _____
Type in Total Regular WIC hrs/wk: _____Position: _____
Clinics: _____

Date Time Study was Conducted (e.g., February 2011)

From: _____ To: _____

Type in Employee's Total Hours for NCBA Below; e.g., 2.25 (*cell will automatically format)

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

Percent Nutrition Education: **#DIV/0!**
 Percent Clinic Services: **#DIV/0!**
 Percent Breastfeeding: **#DIV/0!**
 Percent Administration: **#DIV/0!**
 Percent PH Breastfeeding: **#DIV/0!**

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

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

N Hours **#DIV/0!**
 C Hours **#DIV/0!**
 B Hours **#DIV/0!**
 A Hours **#DIV/0!**
 PHB Hours **#DIV/0!**

*If the decimal is 0.5 or greater round up
 *If it is 0.4 or less round down.

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

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

Employee Name: _____

Date: _____

☐ Check to Authenticate Signature

Supervisor's Name: _____

Date: _____

☐ Check to Authenticate Signature**For Director's use only**

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

Enter employee's new hours

*self calculates

N Hours **#DIV/0!**
 C Hours **#DIV/0!**
 B Hours **#DIV/0!**
 A Hours **#DIV/0!**
 PHB Hours **#DIV/0!**

Justification:

Date:

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

N Hours
 C Hours
 B Hours
 A Hours
 PHB Hours

Justification:

Date:

Attachment 6

**WIC FARMERS' MARKET NUTRITION
PROGRAM RESPONSIBILITIES – FY 2022**

WIC PROGRAM

(Project Name)

(GMIS Project Number)

The responsibilities of the parties are set forth below:

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

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

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

1. Assist the State WIC Agency in implementing and operating the WIC Farmers' Market Nutrition Program (FMNP), as authorized by Section 17(m) of the Child Nutrition Act of 1966, as amended, (42 USC 1786(m)), to provide locally grown fresh fruits, herbs, and vegetables to eligible participants.

2. Cooperate with FMNP farmers, State WIC Agency, or federal officials to resolve questions or issues as they arise.
3. Issue FMNP coupons in accordance with and as designated by State WIC Agency criteria through specified clinics, and to specific categories and numbers of participants.
4. Verify receipt of FMNP coupons from State WIC Agency and log coupons issued to eligible participants based upon the eligibility criteria established by State WIC Agency. Coupons shall be properly logged on the FMNP coupon issuance log form provided by State WIC Agency.
5. Provide nutrition education on selecting, using and storing fresh fruits, herbs, and vegetables to all FMNP participants.
6. Provide education how to properly use and redeem FMNP coupons at authorized FMNP farmers including providing a list of all authorized FMNP foods to all FMNP participants.
7. Develop and distribute a pamphlet listing the dates, times and locations of the authorized FMNP farmers' markets and farm stands located in the county to all FMNP participants.
8. Conduct an FMNP participant survey as directed by State WIC Agency.
9. Assist the State WIC agency in training and contracting farmers to be authorized to accept FMNP coupons.
10. Assist the State WIC agency in conducting on-site monitoring visits to authorized FMNP farmers, authorized FMNP farmers' markets and authorized FMNP farm stands in the county.
11. Direct employees involved in the FMNP, when requested, to attend training sessions conducted by State WIC Agency.
12. Surrender to State WIC Agency, upon expiration or termination of this Agreement, all equipment and work product pertaining to the administration of the FMNP.

C. Mutual Understanding:

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

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

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

☐ Yes, the project wishes to operate the FMNP.

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

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

Attachment 7

PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT Fiscal Years 2020 - 2022

(Project Name)

(GMIS Project Number)

Physician's Name:

Specialty:

Office Address:

Office Telephone Number:

Office Hours:

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

Pregnant Women

Breastfeeding Women

Postpartum Women

Infants 0 -1

Children 1-5

Do you accept Medicaid payment? Yes No

If yes, what is your provider number?

Do you accept reduced fees for services? Yes No

List hospital affiliations (optional):

MEMORANDUM OF AGREEMENT FY 2020 - 2022

By and between the _____ and _____, whereas, the _____, as a designated local agency
(Local Agency) (Physician) (Local Agency)

for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), wishes to provide WIC Program services to eligible women, (pregnant, postpartum, and breastfeeding), infants, and children, but does not provide the health services which the WIC Program requires; and

whereas, _____, is a physician licensed by the State Medical Board of Ohio, pursuant to
(Physician)

Chapter 4731 of the Ohio Revised Code or the State Medical Board of _____ to practice medicine or

surgery or osteopathic medicine and surgery; now therefore, it is mutually agreed by and between the

_____ (hereinafter referred to as the "Local Agency") and _____ (hereinafter referred to as the
(Local Agency) (Physician)

"Physician") that the covenants enumerated in this agreement will be kept and performed.

1. The Physician shall provide such pediatric, obstetrical, lactation, and other services as the Physician deems appropriate in the exercise of his or her professional medical judgment to persons who seek such services upon referral from the Local Agency.
2. With the written consent of the patient, the Physician shall provide the Local Agency with such information pertaining to the patient as the Local Agency may require in order to determine the patient's eligibility for participation in the WIC Program.
3. The Physician understands that the Local Agency shall not reimburse the Physician for providing health services to patients who the Local Agency refers to the Physician.
4. The Physician or clinic shall, in providing its services and in its terms and conditions of employment, comply with all requirements under federal and state law pertaining to nondiscrimination and equal employment opportunity, including Title VI of the 1964 Civil Rights Act and pertinent federal regulations.
5. This agreement shall take effect on October 1, 2019, and shall remain in effect through September 30, 2022 unless terminated by either party upon written notice of termination being served by the party terminating on the other party. A 30 day notification of termination by the terminating party is required.

BY: _____
Signature of the WIC Program Director

Date

Signature of Physician or Clinic Administrator

Date

Attachment 8

Nutrition Education Plan for Low Nutrition Risk Participants

FY _____ Project _____

Nutrition Education Coordinator _____

Approved by: _____

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

Attachment 9

PROGRAM ATTACHMENT CHECKLIST

FY 2022

Project Name:

GMIS Project Number:

Please complete and return this page as your verification that all attachments are included with your Request for Proposal. ALL Attachments are mandatory for all projects.

1. ☐ CLINIC AND STAFF DATA SHEET/S
2. ☐ PEER PROJECT BUDGET AND EXPENDITURE FORM
3. ☐ BUDGET TOOL
4. ☐ VOTER REGISTRATION ASSISTANCE PLAN
5. ☐ TIME STUDIES (includes 5a and 5b)
6. ☐ FARMERS' MARKET
7. ☐ PRIVATE PHYSICIAN/HOSPITAL/CLINIC MEDICAL SERVICES MEMORANDUM OF AGREEMENT (MOA)
☐ Local agency clinic or physician is available to provide medical care for eligible WIC participants.
8. ☐ NUTRITION EDUCATION PLAN FOR LOW NUTRITION RISK PARTICIPANTS
9. ☐ PROGRAM ATTACHMENT CHECKLIST

FY22 Local WIC Project Funding and Caseload Plan

Attachment 10

| Local WIC Project | FY22 TOTAL NOA | FY22 NSA Portion of NOA | FY22 Peer Portion of NOA* | NSA BF Requirement** | 1/6 NSA Requirement for Nutrition and BF** | FY22 Caseload |
|--|----------------|-------------------------|---------------------------|----------------------|--|---------------|
| ADAMS/BROWN COUNTY WIC PROGRAM | \$ 459,225 | \$ 436,065 | \$ 23,160 | \$ 10,209 | \$ 72,678 | 1,473 |
| ALLEN COUNTY WIC PROGRAM | 637,929 | 605,800 | 32,129 | 14,070 | 100,967 | 2,030 |
| ASHTABULA COUNTY WIC PROGRAM | 627,017 | 595,786 | 31,231 | 14,125 | 99,298 | 2,038 |
| ATHENS/PERRY CNTY WIC PROGRAM | 510,646 | 481,580 | 29,066 | 11,803 | 80,263 | 1,703 |
| AUGLAIZE COUNTY WIC PROGRAM | 201,850 | 184,450 | 17,400 | 4,124 | 30,742 | 595 |
| BELMONT COUNTY WIC PROGRAM | 298,468 | 278,716 | 19,752 | 6,127 | 46,453 | 884 |
| BUTLER COUNTY WIC PROGRAM | 1,766,001 | 1,699,598 | 66,403 | 49,909 | 283,266 | 7,201 |
| CARROLL COUNTY WIC PROGRAM | 166,825 | 149,348 | 17,477 | 3,001 | 24,891 | 433 |
| CHAMPAIGN CNTY WIC PGM | 166,410 | 150,630 | 15,780 | 2,953 | 25,105 | 426 |
| CLARK COUNTY WIC PROGRAM | 786,986 | 748,680 | 38,306 | 19,462 | 124,780 | 2,808 |
| CLERMONT COUNTY WIC PROGRAM | 648,438 | 618,126 | 30,312 | 14,888 | 103,021 | 2,148 |
| CLINTON COUNTY WIC PROGRAM | 225,672 | 207,600 | 18,072 | 4,713 | 34,600 | 680 |
| COSHOCTON COUNTY WIC PROGRAM | 208,632 | 191,070 | 17,562 | 4,082 | 31,845 | 589 |
| CRAWFORD COUNTY WIC PROGRAM | 348,064 | 327,400 | 20,664 | 7,374 | 54,567 | 1,064 |
| CUYAHOGA COUNTY WIC PROGRAM | 4,480,858 | 4,308,446 | 172,412 | 117,000 | 718,074 | 16,881 |
| DARKE/MERCER COS. WIC PROGRAM | 391,112 | 367,952 | 23,160 | 8,775 | 61,325 | 1,266 |
| DEFIANCE COUNTY WIC PROGRAM | 209,104 | 190,142 | 18,962 | 3,521 | 31,690 | 508 |
| DEL/UNION/MORROW CNTY WIC PGM | 576,366 | 547,088 | 29,278 | 12,864 | 91,181 | 1,856 |
| ERIE/HURON COUNTY WIC PROGRAM | 643,987 | 611,594 | 32,393 | 14,569 | 101,932 | 2,102 |
| FAIRFIELD COUNTY WIC PROGRAM | 449,921 | 423,600 | 26,321 | 10,258 | 70,600 | 1,480 |
| FAYETTE COUNTY WIC PROGRAM | 203,012 | 185,504 | 17,508 | 3,770 | 30,917 | 544 |
| FRANKLIN COUNTY WIC PROGRAM | 6,383,504 | 6,122,424 | 261,080 | 194,432 | 1,020,404 | 28,053 |
| FULTON/HENRY CO. WIC PROGRAM | 333,035 | 310,410 | 22,625 | 6,862 | 51,735 | 990 |
| GALLIA COUNTY WIC PROGRAM | 259,347 | 238,095 | 21,252 | 5,267 | 39,683 | 760 |
| GREENE COUNTY WIC PROGRAM | 448,820 | 423,080 | 25,740 | 9,280 | 70,513 | 1,339 |
| GUERNSEY COUNTY WIC PROGRAM | 310,215 | 287,115 | 23,100 | 6,647 | 47,853 | 959 |
| HAMILTON COUNTY WIC PROGRAM | 3,284,039 | 3,145,988 | 138,051 | 100,540 | 524,331 | 14,506 |
| HARRISON COUNTY WIC PROGRAM | 109,432 | 95,229 | 14,203 | 1,615 | 15,872 | 233 |
| HHP: HANCOCK/HARDIN/PUTNAM WIC PROGRAM | 543,166 | 512,780 | 30,386 | 12,635 | 85,463 | 1,823 |
| HIGHLAND COUNTY WIC PROGRAM | 352,061 | 328,961 | 23,100 | 7,326 | 54,827 | 1,057 |
| HOCKING COUNTY WIC PROGRAM | 212,535 | 194,607 | 17,928 | 4,242 | 32,435 | 612 |
| HOLMES COUNTY WIC PROGRAM | 153,274 | 136,237 | 17,037 | 2,426 | 22,706 | 350 |
| JACKSON COUNTY WIC PROGRAM | 224,601 | 207,255 | 17,346 | 4,470 | 34,543 | 645 |
| JEFFERSON COUNTY WIC PROGRAM | 268,590 | 249,414 | 19,176 | 5,448 | 41,569 | 786 |
| KNOX COUNTY WIC PROGRAM | 282,371 | 261,225 | 21,146 | 5,572 | 43,538 | 804 |
| LAKE - GEAUGA COUNTY WIC PROGRAM | 830,137 | 791,450 | 38,687 | 19,053 | 131,908 | 2,749 |
| LAWRENCE COUNTY WIC PROGRAM | 353,462 | 331,418 | 22,044 | 7,388 | 55,236 | 1,066 |
| LICKING COUNTY WIC PROGRAM | 628,553 | 596,635 | 31,918 | 14,541 | 99,439 | 2,098 |
| LOGAN COUNTY WIC PROGRAM | 198,062 | 178,684 | 19,378 | 3,632 | 29,781 | 524 |
| LORAIN COUNTY WIC PROGRAM | 1,156,880 | 1,109,640 | 47,240 | 30,108 | 184,940 | 4,344 |
| LUCAS COUNTY WIC PROGRAM | 2,263,837 | 2,179,341 | 84,496 | 65,580 | 363,224 | 9,462 |
| MADISON COUNTY WIC PROGRAM | 228,903 | 210,735 | 18,168 | 4,789 | 35,123 | 691 |
| MAHONING COUNTY WIC PROGRAM | 1,050,990 | 1,012,969 | 38,021 | 25,831 | 168,828 | 3,727 |
| MARION COUNTY WIC PROGRAM | 466,524 | 441,540 | 24,984 | 10,736 | 73,590 | 1,549 |
| MEDINA COUNTY WIC PROGRAM | 364,143 | 339,881 | 24,262 | 7,603 | 56,647 | 1,097 |
| MEIGS COUNTY WIC PROGRAM | 169,155 | 151,381 | 17,774 | 3,209 | 25,230 | 463 |
| MIAMI COUNTY WIC PROGRAM | 324,854 | 304,430 | 20,424 | 6,723 | 50,738 | 970 |
| MONROE COUNTY WIC PROGRAM | 124,027 | 108,783 | 15,244 | 2,225 | 18,131 | 321 |
| MONTGOMERY CNTY. WIC PROGRAM | 1,979,740 | 1,907,894 | 71,846 | 51,628 | 317,982 | 7,449 |
| MUSKINGUM COUNTY WIC PROGRAM | 514,527 | 485,936 | 28,591 | 11,311 | 80,989 | 1,632 |
| NOBLE COUNTY WIC PROGRAM | 99,656 | 85,330 | 14,326 | 1,435 | 14,222 | 207 |
| OTTAWA COUNTY WIC PROGRAM | 121,929 | 106,257 | 15,672 | 2,433 | 17,710 | 351 |

| Local WIC Project | FY22 TOTAL NOA | FY22 NSA Portion of NOA | FY22 Peer Portion of NOA* | NSA BF Requirement** | 1/6 NSA Requirement for Nutrition and BF** | FY22 Caseload |
|--------------------------------|---------------------|-------------------------|---------------------------|----------------------|--|----------------|
| PAULDING COUNTY WIC PROGRAM | \$ 125,927 | \$ 110,093 | \$ 15,834 | \$ 2,322 | \$ 18,349 | 335 |
| PIKE COUNTY WIC PROGRAM | 223,634 | 203,966 | 19,668 | 4,394 | 33,994 | 634 |
| PORTAGE/COLUMBIANA WIC PROGRAM | 1,013,003 | 967,521 | 45,482 | 24,556 | 161,254 | 3,543 |
| PREBLE COUNTY WIC PROGRAM | 249,188 | 230,876 | 18,312 | 5,018 | 38,479 | 724 |
| RICHLAND/ASHLAND CNTY WIC PRG | 756,867 | 717,895 | 38,972 | 18,034 | 119,649 | 2,602 |
| ROSS/PICKAWAY COUNTY WIC PROG. | 614,109 | 583,670 | 30,439 | 13,792 | 97,278 | 1,990 |
| SANDUSKY COUNTY WIC PROGRAM | 304,608 | 282,247 | 22,361 | 6,279 | 47,041 | 906 |
| SCIOTO COUNTY WIC PROGRAM | 519,523 | 491,460 | 28,063 | 11,498 | 81,910 | 1,659 |
| SENECA COUNTY WIC PROGRAM | 336,392 | 315,440 | 20,952 | 7,035 | 52,573 | 1,015 |
| SHELBY CNTY WIC PGM | 177,022 | 160,270 | 16,752 | 3,258 | 26,712 | 470 |
| STARK COUNTY WIC PROGRAM | 1,340,138 | 1,283,204 | 56,934 | 35,334 | 213,867 | 5,098 |
| SUMMIT COUNTY WIC PROGRAM | 1,993,084 | 1,913,435 | 79,649 | 55,038 | 318,906 | 7,941 |
| TRUMBULL COUNTY WIC PROGRAM | 989,006 | 945,140 | 43,866 | 24,452 | 157,523 | 3,528 |
| TUSCARAWAS COUNTY WIC PROGRAM | 428,686 | 403,580 | 25,106 | 9,308 | 67,263 | 1,343 |
| VAN WERT COUNTY WIC PROGRAM | 162,902 | 144,950 | 17,952 | 3,091 | 24,158 | 446 |
| VINTON COUNTY WIC PROGRAM | 130,948 | 116,072 | 14,876 | 2,183 | 19,345 | 315 |
| WARREN COUNTY WIC PROGRAM | 363,708 | 340,186 | 23,522 | 7,804 | 56,698 | 1,126 |
| WASHINGTON/MORGAN CNTY WIC PGM | 345,219 | 323,228 | 21,991 | 7,180 | 53,871 | 1,036 |
| WAYNE COUNTY WIC PROGRAM | 385,530 | 360,160 | 25,370 | 7,936 | 60,027 | 1,145 |
| WILLIAMS COUNTY WIC PROGRAM | 227,241 | 209,025 | 18,216 | 4,567 | 34,838 | 659 |
| WOOD COUNTY WIC PROGRAM | 342,501 | 318,820 | 23,681 | 7,125 | 53,137 | 1,028 |
| WYANDOT COUNTY WIC PROGRAM | 113,029 | 98,887 | 14,142 | 1,587 | 16,481 | 229 |
| STATEWIDE | <u>\$49,189,157</u> | <u>\$46,684,424</u> | <u>\$ 2,504,733</u> | <u>\$ 1,234,378</u> | <u>\$ 7,780,738</u> | <u>178,098</u> |

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

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