



MEMORANDUM

Date: February 23, 2021

To: Subrecipient Applicants

From: Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP)
Chief, Bureau of Infectious Diseases

Subject: Get Vaccinated Ohio – Provider Initiative (GP) Subgrant

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of the GP competitive subgrant to improve and sustain vaccination coverage levels among children and adolescents.

All electronic applications and attachments are due by 4:00 p.m., Monday, April 5, 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). New staff requiring GMIS access 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 subgrant payments.

Submission of the competitive application constitutes acknowledgment and acceptance of ODH's Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this subgrant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.

If you have questions, please contact Dave Feltz or Michele McPeters at 614-466-4643 or e-mail at dave.feltz@odh.ohio.gov or michele.mcpeters@odh.ohio.gov.



Department
of Health

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF INFECTIOUS DISEASES

Get Vaccinated Ohio – Provider Initiative (GP)

**SOLICITATION
FOR
FISCAL YEAR 2022
7/1/21 – 6/30/22**

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE SUBGRANT APPLICATION INFORMATION

100% Deliverable Funding

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) subgrant consists of numerous required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation. A Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by **March 2, 2021** so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current 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.

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH subgrants are governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual>.

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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.

Budget Justification Certification Language

- 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. Application Name: Get Vaccinated Ohio – Provider Initiative (GP)

C. Purpose: The Ohio Department of Health (ODH) Immunization Program seeks to maintain and coordinate a state-wide program to educate physician offices that provide immunizations to pediatric and adolescent patients to improve the rates of vaccines administered on-time and lower the occurrence of vaccine-preventable diseases among Ohio’s children. In addition, ODH seeks to provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-Get Vaccinated Ohio – Public Health Initiative (GV) funded counties to improve vaccine use and timeliness.

D. Qualified Applicants: All applicants must be non-profit, Ohio-based medical organizations that have established credibility with pediatricians and family practitioners in Ohio. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, April 5, 2021.**

E. Service Area: Applicants must be able to coordinate the GP program for the entire state of Ohio.

F. Number of Subgrants and Funds Available: One subgrant will be awarded. Total funding for the GP subgrant is expected to be approximately \$400,000 for 2021-2022. Funds originate from federal funding sources.

*No subgrant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds subgranted. Applications submitted for less than the minimum amount will not be considered for review.*

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by **4:00 p.m. Monday, April 5, 2021**. Applications and required attachments received after this deadline will not be considered for review.

Contact Dave Feltz, at (614) 466-4643 or dave.feltz@odh.ohio.gov or Michele McPeters at (614) 466-4643 or michele.mcpeters@odh.ohio.gov with any questions.

H. Authorization: The program is authorized under Section 317 of the Public Health Service Act [42 U.S.C. section 247b] as amended. The Vaccines for Children (VFC) Program is authorized under Section 1928 of the Social Security Act [42 U.S.C. section 1396s]. Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.268.

I. Goals: The goal of the GP program is to improve and sustain vaccination coverage through increased education to physician offices that provide immunizations to pediatric patients. GP will equip and enable local health districts to provide 600 high quality MOBI and TIES peer-to-peer education programs to Ohio private practices during the subgrant period. In addition, the recipient of GP funding will provide the Immunization Quality Improvement for Providers (IQIP) process to physician offices in non-GV-funded counties to improve vaccine use and timeliness.

GP funds originate from the Centers for Disease Control and Prevention (CDC). The above goals correspond with the focus of the 2019-2024 CDC Immunization Program Operations Manual and Federal Immunization Grant Guidance.

J. Program Period and Budget Period: The program period will begin July 1, 2021 and end on June 30, 2022. The budget period for this application is July 1, 2021 through June 30, 2022.

K. Public Health Accreditation Board (PHAB) Standard(s):

The table below shows the relationship of each PHAB standard with GP objectives:

PHAB Standard	PHAB Measure	GP Objectives
Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.	1.3.2 L – Public health data provided to various audiences on a variety of public health issues	D1 D3 D5
Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.	1.4.1 A – Data used to recommend and inform public health policy, processes, programs, and/or interventions	D1 D2 D3 D4 D5
Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.	3.1.1 A – Information provided to the public on protecting their health. 3.1.2 A – Health department strategies to promote health and address preventable health conditions. 3.1.3 A – Efforts to specifically address factors that contribute	D1 D2 D3 D4 D5

	to specific population's higher health risks and poor health outcomes.	
Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.	3.2.5 A – Information available to the public through a variety of methods. 3.2.6 A – Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department.	D1 D2 D3 D4 D5
Standard 7.2: Identify and implement strategies to improve access to health care services.	7.2.3 A – Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care	D1 D3
Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	9.2.2 A – Implemented quality improvement activities	D1 D2 D3 D4 D5
Standard 10.1: Identify and use the best available evidence for making informed public health practice decisions.	10.1.1 A – Applicable evidence-based practices used when implementing new or revised processes, programs or interventions.	D1 D4 D5
Standard 10.2: Promote understanding and use of research results, evaluations, and evidence-based practices with appropriate audiences.	10.2.3 A – Communicated research finding, including public health implications	D1 D2 D3 D4 D5

The PHAB version 1.5 standards are available at the following website:

<https://www.phaboard.org/wp-content/uploads/2018/11/Overview.pdf>

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed subgrant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies that are not local health departments are required to submit a summary of the proposal to local health districts prior to submitting the subgrant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the subgrant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support - Include with the subgrant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the subgrant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. Evidence of Health Equity Strategies - ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:
 - a) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
 - b) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
 - c) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
 - d) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
 - e) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.

- f) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

The following information is provided explain key health equity concepts and terms.

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

GP applicants should review Appendix F for Immunization-Related Health Equity Resources.

M. GMIS Health Equity Module: (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete). The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that **best** reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

N. 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.

Not Applicable to Get Vaccinated Ohio – Provider Initiative (GP)

O. Appropriation Contingency: 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 in the event of a delay in subgrant payments.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission: *Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF.* Please contact David Feltz or Michele McPeters at (614) 466-4643 for questions regarding this solicitation.

Applicant must attend or must document in the NOI AF prior attendance at GMIS training in order to receive authorization for internet submission.

Q. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

R. Late Applications: GMIS automatically provides a time and date system for subgrant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, April 5, 2021 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

S. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of subgrant funds.

T. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a subgrant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

U. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which subgrant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.)

- objectives, activities, milestones and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of subgrant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.
 13. Applications will be evaluated based on the Application Review Form (Appendix D).

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations. **There will be no appeal of the Department's decision.**

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding subgrants requested by any member of the public. The intended use of the information will not be a criterion for release. Subgrant applications and subgrant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

W. Ownership Copyright: Any work produced under this subgrant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this subgrant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that subgrant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this subgrant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this subgrant. All work must clearly state:

“This work is funded by the Ohio Department of Health, Bureau of Infectious Diseases, Immunization Program and is a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Immunization and Vaccines for Children grant, CFDA number 93.268.”

X. Reporting Requirements: Successful applicants are required to submit subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP

manual and this solicitation, before the department will release any additional funds.

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

Reports shall be submitted as follows:

- 1. Program Reports:** Subrecipient Program Reports must be completed and submitted via GMIS, according to Appendix E, “Get Vaccinated Ohio – Provider Initiative (GP) Program Report Instructions” by the following dates: January 15, 2022 and July 15, 2022. Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and subgrant number.

☒ Program Reports Required ☐ No Program Reports Required

Program Report Period	Program Report Due Date
July 1, 2021 – December 31, 2021	January 15, 2022
July 1, 2021 – June 30, 2022	July 15, 2022

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

- 2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

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

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

Period	Report Due Date
July 1 – September 30, 2021	October 10, 2021

October 1 – December 31, 2021	January 10, 2022
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022

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

- 3. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before August 5, 2022**. 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 the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. This link is viewable only after the issuance of the sub-recipient’s first payment. The 30-day time-period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Z. 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 subgrant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of subgrants.

Subrecipients will not receive payment from ODH subgrant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited.

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., 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 on 8 ½ by 11-paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 35 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

1. Application Information

**Complete
& Submit
Via Internet**

2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program: None.

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

<p>Complete Copy & E-mail or Mail to ODH</p>

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the subgrant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 of the Solicitation for unallowable costs.

Match or Applicant Share is not allowed 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.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 7/1/21 through 6/30/22.

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of subgrant 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.

D. Project Narrative:

- 1. Executive Summary:** Provide a brief, one-page synopsis of the purpose, methodology, and evaluation plan of this immunization project. Identify the target population, services and programs to be offered, and the burden of health disparities and health inequities. Describe the public health problems that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility and Personnel:**
Provide a brief one or two-page discussion of the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this subgrant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Position descriptions for these positions can be included but are not required for this application.

- 3. Deliverable Objectives Narrative:** Create a narrative response to each of the following deliverable objectives described below. Use the same deliverable objective numerical sequence as outlined in each deliverable objective.

Deliverable Objective 1: MOBI and TIES Presentation Development

The GP subrecipient will use the pre-existing MOBI and TIES plan to revise and update a comprehensive plan to update the MOBI and TIES materials for activities from 7/1/21 – 6/30/22 according to current ACIP guidance.

- D1a The applicant must agree to create and submit a plan to ODH by August 31, 2021 that describes how the following activities will be accomplished:
1. Revise and update MOBI and TIES educational presentations. Discuss how new ACIP, CDC and AAP recommendations will be incorporated into existing presentations, and any changes that specifically address strategies for improving immunization rates.
 2. Assemble and use an advisory and/or curriculum review committee to include representatives from the ODH Immunization program, Ohio AAP and other MOBI and TIES trainers to update MOBI and TIES presentation materials.
 3. The applicant is to no longer include a quality assurance module at the end of each MOBI or TIES session to evaluate changes to office practice and improve immunization rates. This process will no longer be funded as the CDC-required process Immunization Quality Improvement for Providers (IQIP) will replace the old quality improvement processes.
 4. Include materials promoting the awareness of health disparities within individual provider practices and materials ensuring access to immunizations for all children.
 5. Update the MOBI and TIES resource pack materials as changes occur with ACIP, CDC or other recommendations.
 6. Apply for continuing education credit (e.g. CEU, CNE and/or CME credit) for the MOBI and TIES process.
 7. Evaluate overall MOBI and TIES program strengths and weaknesses.
 8. Observe and evaluate at least twenty percent of MOBI and TIES trainers performing a MOBI or TIES presentation. This should be a random event. Develop a standardized form to evaluate the effectiveness of the presenter, as well as the presentation materials.

D1 Deliverable Outcomes	Reimbursement	When to Submit
Submit the MOBI and TIES presentation plan in GMIS. This must be documented on the D1 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$5,000	First quarter No later than August 31, 2021.

Deliverable Objective 2: Training MOBI and TIES Trainers

The GP subrecipient grantee will train MOBI and TIES trainers close to the beginning of the calendar year, equipping them to successfully conduct MOBI and TIES trainings throughout Ohio and provide any needed make-up training sessions as needed.

- D2a Describe the plan to provide one MOBI and TIES train-the-trainer workshop in July 2021 and any additional make-up or update workshops as needed. Describe who will be involved in the preparations and who will present at the training event.
- D2b Describe the plan to update, produce and distribute any MOBI and TIES electronic presentation files to each active trainer. Include the plan to update, produce and distribute one training manual per active trainer.

D2 Deliverable Outcomes	Reimbursement	When to Submit
Complete the primary MOBI and TIES train-the-trainer workshop no later than July 31, 2021. The number and names of attendees must be documented on the 2021-2022 GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$15,000	First quarter No later than July 31, 2021.
Complete any additional make-up train-the-trainer workshops during the remainder of the GP subgrant period. The number and names of attendees must be documented on the 2021-2022 GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$2,500 per make-up training session.	Each month or quarter as completed.

Deliverable Objective 3: Program Administration and Presentation Support

The GP subrecipient will successfully administer the MOBI and TIES program in Ohio and provide planning services and administrative support to the MOBI and TIES trainers in Ohio from 7/1/21 – 6/30/22.

- D3a Describe the plan to facilitate at least 300 MOBIs and 300 TIES education sessions performed by GV-funded county health department personnel.
- D3b Describe the plan to distribute the latest edition of the CDC Pink Book to each office trained using MOBI or TIES.
- D3c Describe the plan to produce and distribute a MOBI and TIES centralized resource pack to each MOBI and TIES attendee.
- D3d Describe how GV-funded local health department trainers will communicate to the subgrantee to set-up and request planned MOBI and TIES presentations.
- D3e Describe the process to assure program completion and provide CEU, CNE and/or CME credit to participants for completed MOBI and TIES courses.
- D3f Describe the plan to produce and distribute a quarterly newsletter for MOBI and TIES trainers to provide continuing education.
- D3g Describe the plan to compile and evaluate data for completed MOBI and TIES programs conducted in GV-funded and non GV-funded counties.
- D3h Describe the plan to provide monthly updates to ODH (e.g. dave.feltz@odh.ohio.gov) showing completed MOBI and TIES programs recorded on the deliverable objectives tracking spreadsheet with listed names of providers and trainers.
- D3i Describe the plan to market and promote the MOBI and TIES programs to

private providers in Ohio. Discuss proposed changes to MOBI and TIES marketing materials (MOBI travels) or any other MOBI or TIES marketing materials.

- D3j Describe the plan to collaborate with community immunization initiatives and promote the importance of MOBI and TIES.
- D3k Describe the plan to observe and evaluate at least twenty percent of MOBI and TIES trainers performing a MOBI or TIES presentation. Describe how a summary from these observations will be reported to ODH in aggregate format.

D3 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by a GV-funded local health department. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$400 per completed MOBI or TIES event.	Each month or quarter as completed.

Deliverable Objective 4: MOBI and TIES Presentations in Non-GV-Funded Counties

The GP subrecipient will provide MOBI and TIES training to providers in non-GV-funded counties in Ohio from 7/1/21 – 6/30/22.

- D4a Describe the plan to facilitate and perform 50 or more MOBIs and TIES in non-GV-funded counties by Ohio AAP.
- D4b Indicate how the latest edition of the CDC Pink Book will be provided to each office trained.
- D4c Indicate how a MOBI and TIES centralized resource pack will be produced and provided to each MOBI and TIES attendee.
- D4d Describe the process to provide CNE and CME credit to participants for completed MOBI and TIES courses.

D4 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by the GP-funded agency in a non-GV-funded county. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per completed MOBI or TIES event.	Each month or quarter as completed.

Deliverable Objective 5: IQIP in Non-GV-Funded Counties

The GP subrecipient will successfully use the new CDC-designed Immunization Quality Improvement for Providers (IQIP) process to assess immunization rates, and work to improve on-time vaccination rates of children and adolescents using specific quality improvement interventions. ODH prefers in-person IQIP technical assistance for immunization providers. However, virtual IQIP site visits will be allowed until CDC notifies ODH that in-person visits must be resumed.

Note: Staff who will conduct IQIP technical assistance must complete required ODH IQIP trainings and must sign and return the 2021 Data Collection Confidentiality Agreement issued by ODH by September 30, 2021.

- D5a List the names of staff who will attend the required IQIP trainings provided by ODH. ODH expects this training to be available prior to July 31, 2021. Trainings may be in-person or virtual based on COVID-19 guidelines. Only those

- employees who will actively perform the IQIP process are to be trained.
- D5b Indicate that your agency will assure that the IQIP process is initiated for immunization providers in non-GV-funded counties according to the following required activities:
- 1) Conduct an initial IQIP site visit (a face-to-face or virtual demonstration and review of QI strategies using an initial coverage report). Provide technical assistance to implement QI strategies. Produce a coverage assessment of each immunization provider's data extracted from ImpactSIIS using the CoCASA software. Select quality assurance (QI) strategies to improve pediatric and adolescent rates based on analysis of the data. Submit a report to ODH.
 - 2) Conduct a two-month check-in (face-to-face, virtual or by phone) with the immunization provider's staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
 - 3) Conduct a six-month check-in (face-to-face, virtual or by phone) with the immunization provider's staff after the initial IQIP site visit. Provide technical assistance and motivation for implementation of quality improvement strategies. Submit a report to ODH.
 - 4) Conduct a twelve-month follow-up (face-to-face or virtual) with health department staff after the initial IQIP site visit. Produce a coverage assessment of each immunization provider's data extracted from ImpactSIIS using the CoCASA software. Submit a report to ODH.
- D5c Describe your plan to promote the importance of and the need for the IQIP process among the pediatric and family practices in non-GV-funded counties. Identify who will perform this work and key process start and completion dates for each measurable planned activity.

D5 Deliverable Outcomes	Reimbursement	When to Submit
D5a Appropriate GP-funded staff attend the IQIP training prior to September 31, 2021. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per eligible employee who attends the IQIP training.	1 st quarter of funding cycle.
D5b Conduct the initial IQIP site visit. Perform an immunization coverage assessment and select quality assurance (QI) strategies. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	<p>\$1,000 after the completed initial report is submitted to ODH.</p> <p>Note 1: Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: Multiple initial IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in</p>	After completion of initial IQIP visit (each month or quarter as completed).

	Section 7 of the IQIP Policy and Procedure Manual is followed.	
<p>D5b</p> <p>Conduct a two-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 2-month report is submitted to ODH.</p>	<p>2 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a six-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 6-month report is submitted to ODH.</p>	<p>6 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a twelve-month follow-up after the initial IQIP visit using coverage reports and assessment of implementation of QI strategies. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$1,000 after the completed 12-month report is submitted to ODH.</p> <p>Note 1: Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: Multiple follow-up IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure</p>	<p>12 months after the initial IQIP visit (each month or quarter as completed). (This may occur next subgrant period).</p>
<p>Notes for D5b:</p> <p>CDC IQIP recommendations allow your agency to perform a 12-month follow-up visit at the same time as an initial visit using the same data. However, this is not ODH preference for these visits.</p> <p>If your agency performs the 12-month follow-up on the same day as the initial visit, you must record each activity on the GV deliverable objectives tracking spreadsheet, but only claim \$1,000 for the follow-up activity. The \$1,000 reimbursement will cover the costs to perform the 12-month follow-up with the initial IQIP on the same day using the</p>	<p>Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Initial IQIP visits performed that are separated by at least one week from the 12-month follow-up will be reimbursed. Separate data will need to be used for each type of visit.</p>	

<p>same data.</p> <p>In order to maximize your reimbursement, ODH recommends that 12-month IQIP follow-up visits not occur at the same time as new initial IQIP visits (in person or virtual).</p> <p>ODH recommends at least a one week spacing between 12-month follow-up visits and new initial visits. If you perform separate 12-month IQIP follow-up visits and initial IQIP visits at least one week apart, your agency will need to pull separate data for each IQIP visit.</p>		
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E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire 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.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH subgrant 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.)

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given subgrant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Monday, April 5, 2021.**

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training Form
- C. C1 Deliverable – GP Objective Descriptions
C2 Deliverable – GP Objective Allocations
- D. 2021 - 2022 GP Application Review Form
- E. 2021 - 2022 GP Program Report Instructions
- F. Immunization-Related Health Equity Resources

Appendix A

Submission Required

See Due Date Below

New Applicants must
submit the GMIS Access

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Bureau of Infectious Diseases

ODH Program Title:

Get Vaccinated Ohio - Provider Initiative (GP)

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One) ☐ County Agency ☐ City Agency ☐ Hospital ☐ Higher Education ☐ Local Schools ☐ Not-for Profit

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. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and 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 must be set-up and maintained in 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Michele.McPeters@odh.ohio.gov and Dave.Feltz@odh.ohio.gov by March 2, 2021.

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed.

Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ New Agency – Needs GMIS Access

☐ New Employee - needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: _____

☐ Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information:

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrant Program:
Budget Period:
of Deliverables:
Use Budget Justification Scenario#:

Get Vaccinated Ohio – Provider Initiative (GP)
7/1/21 – 6/30/22
5
Scenario 2

Base and Deliverables

X Deliverables Only

D1 Deliverable Outcomes	Reimbursement	When to Submit
Submit the MOBI and TIES presentation plan in GMIS. This must be documented on the D1 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$5,000	First quarter No later than August 31, 2021.

D2 Deliverable Outcomes	Reimbursement	When to Submit
Complete the primary MOBI and TIES train-the-trainer workshop no later than July 31, 2021. The number and names of attendees must be documented on the 2021-2022 GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$15,000	First quarter No later than July 31, 2021.
Complete any additional make-up train-the-trainer workshops during the remainder of the GP subgrant period. The number and names of attendees must be documented on the 2021-2022 GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section in the expenditure report.	\$2,500 per make-up training session.	Each month or quarter as completed.

D3 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by a GV-funded local health department. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$400 per completed MOBI or TIES event.	Each month or quarter as completed.

D4 Deliverable Outcomes	Reimbursement	When to Submit
Submit each completed MOBI and TIES training event completed by the GP-funded agency in a non-GV-funded county. This must be documented on the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.	\$500 per completed MOBI or TIES event.	Each month or quarter as completed.

D5 Deliverable Outcomes	Reimbursement	When to Submit
D5a Appropriate GP-funded staff attend the IQIP training prior to September 31, 2021. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes	\$500 per eligible employee who attends the IQIP training.	1 st quarter of funding cycle.

section with each submitted expenditure report.		
<p>D5b</p> <p>Conduct the initial IQIP site visit. Perform an immunization coverage assessment and select quality assurance (QI) strategies. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$1,000 after the completed initial report is submitted to ODH.</p> <p>Note 1: Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: Multiple initial IQIP site visits performed simultaneously with multisite providers on the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.</p>	<p>After completion of initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a two-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 2-month report is submitted to ODH.</p>	<p>2 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a six-month check-in after the initial IQIP site visit to review progress on quality improvement strategies and provide technical assistance. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$250 after the completed 6-month report is submitted to ODH.</p>	<p>6 months after the initial IQIP visit (each month or quarter as completed).</p>
<p>D5b</p> <p>Conduct a twelve-month follow-up after the initial IQIP visit using coverage reports and assessment of implementation of QI strategies. Submit a report to ODH. This must be documented on the D5 tab of the GP Deliverable Objectives Tracking Spreadsheet and attached to the notes section with each submitted expenditure report.</p>	<p>\$1,000 after the completed 12-month report is submitted to ODH.</p> <p>Note 1: Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Note 2: Multiple follow-up IQIP site visits performed simultaneously with multisite providers on</p>	<p>12 months after the initial IQIP visit (each month or quarter as completed).</p>

	the same day will be reimbursed only if required IQIP guidance in Section 7 of the IQIP Policy and Procedure Manual is followed.	
<p>Notes for D5b:</p> <p>CDC IQIP recommendations allow your agency to perform a 12-month follow-up visit at the same time as an initial visit using the same data. However, this is not ODH preference for these visits.</p> <p>If your agency performs the 12-month follow-up on the same day as the initial visit, you must record each activity on the GV deliverable objectives tracking spreadsheet, but only claim \$1,000 for the follow-up activity. The \$1,000 reimbursement will cover the costs to perform the 12-month follow-up with the initial IQIP on the same day using the same data.</p> <p>In order to maximize your reimbursement, ODH recommends that 12-month IQIP follow-up visits not occur at the same time as new initial IQIP visits (in person or virtual).</p> <p>ODH recommends at least a one week spacing between 12-month follow-up visits and new initial visits. If you perform separate 12-month IQIP follow-up visits and initial IQIP visits at least one week apart, your agency will need to pull separate data for each IQIP visit.</p>	<p>Initial IQIP visits will not be reimbursed <u>if performed on the same day or within one week</u> as the 12-month follow-up (only the 12-month follow-up will be reimbursed).</p> <p>Initial IQIP visits performed that are separated by at least one week from the 12-month follow-up will be reimbursed. Separate data will need to be used for each type of visit.</p>	

**2021 - 2022 Get Vaccinated Ohio – Provider Initiative (GP)
Grant Objective Allocations**

(Maximum Funds Available)

	MOBI and TIES Presentation Development	Training MOBI and TIES Trainers	Program Administration and Presentation Support	MOBI and TIES Presentations in Non GV- Funded Counties	IQIP in Non GV-Funded Counties	Total
Objective	D1	D2	D3	D4	D5	
Budget Allocation	\$5,000	\$20,000	\$300,000	\$25,000	\$50,000	\$400,000

2021 - 2022 Get Vaccinated Ohio – Provider Initiative (GP) Application Review Form

Applicant / Sub-Applicant Name: _____ GMIS #: _____

Score Summary

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		3
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		5
Deliverable Objective 1 MOBI and TIES Presentation Development		3
Deliverable Objective 2 Training MOBI and TIES Trainers		5
Deliverable Objective 3 Program Administration and Presentation Support		13
Deliverable Objective 4 MOBI and TIES Presentations in Non-GV-Funded Counties		6
Deliverable Objective 5 IQIP in Non-GV-Funded Counties		6
Total Application Point Score		43
Total Application % Score		NA
Special Conditions:		
Comments to Sub-grantee:		
Reviewer Signature:		

2021-2022 GP Application Review Form

Category	Score
GMIS 2.0 Budget Issues	
Q: Do budget items in GMIS 2.0 relate to required subgrant objectives?	0 1
Q: Is the GMIS 2.0 budget justification section complete? (Applicant provided information on personnel, other costs, equipment and contracts?)	0 1
Q: Does the total budget equal to or below the maximum available funds?	0 1
Notes:	Subtotal _____ / 3
Executive Summary	
Q: Did the applicant provide a poor, average or good overview?	0 1 2
Notes:	Subtotal _____ / 2
Description of Applicant Agency/Documentation of Eligibility/Personnel	
Q: Applicant summarized the agency structure & management of the GP subgrant?	0 1
Q: Described capacity to communicate to diverse audiences?	0 1
Q: Described plans for quality assurance methods?	0 1
Q: Noted any personnel or equipment deficiencies?	0 1
Q: Described plans for hiring & training / partners?	0 1
Notes:	Subtotal _____ / 5
Deliverable Objective 1 MOBI and TIES Presentation Development	
D1a – Did the applicant commit to create and submit a plan to cover all 8 items listed in this objective by August 31, 2021?	0 1 2 3
Notes:	Subtotal _____ / 3
Deliverable Objective 2 Training MOBI and TIES Trainers	
D2a – Described plans to provide one train-the-trainer workshop for all MOBI and TIES trainers before July 31, 2021 and supply ongoing updates as needed?	0 1 2 3
D2b – Described plans to plan, update, produce and distribute an electronic presentation file?	0 1 2
Notes:	Subtotal _____ / 5

Deliverable Objective 3 Program Administration and Presentation Support	
D3a – Described the plan to facilitate 300 MOBI and 300 TIES presentations in Ohio?	0 1 2
D3b – Described the plan to provide one CDC Pink Book per office trained?	0 1
D3c – Described the plan to provide one office resource pack per office trained?	0 1
D3d – Described how trainers will request planned MOBI and TIES presentations?	0 1
D3e – Described the process to assure program completion and provide CEU to attendees?	0 1 2
D3f – Described the plan to produce and distribute a quarterly newsletter?	0 1
D3g – Described the plan to compile and evaluate MOBI and TIES data?	0 1
D3h – Described the plan to provide monthly updates to ODH using a spreadsheet of completed MOBI and TIES?	0 1
D3i – Described the plan to market and promote MOBI and TIES programs?	0 1
D3j – Described the plan to collaborate with community immunization initiatives?	0 1
D3k - Described the plan to observe and evaluate at least twenty percent of MOBI and TIES trainers?	0 1
Notes:	Subtotal _____ / 13
Deliverable Objective 4 MOBI and TIES Presentations in Non-GV-Funded Counties	
D4a – Described a plan to facilitate and perform 50 or more MOBIs and TIES in non GV-funded counties in Ohio?	0 1 2
D4b – Described a plan to provide a Pink Book to each office trained?	0 1
D4c – Described a plan to produce and provide a resource pack to each MOBI and TIES attendee?	0 1 2
D4d – Described the process to provide continuing education to participants?	0 1
Notes:	Subtotal _____ / 6
Deliverable Objective 5 IQIP in Non-GV-Funded Counties	
D5a – Listed staff who will conduct IQIP and who will sign a confidentiality agreement?	0 1 2
D5b – Indicated a plan to assure that the IQIP process will be initiated for immunization providers in non-GV-funded counties according to the required activities?	0 1 2
D5c – Described plans to promote the importance of IQIP in non-GV-funded counties and who will be promote IQIP procedures?	0 1 2
Notes:	Subtotal _____ / 6

2021 - 2022 Get Vaccinated Ohio – Provider Initiative (GP)
Program Report Instructions (MOBI+TIES+IQIP)

Please use the following instructions to prepare the program report describing progress for your GP subgrant. Please follow instructions carefully, as progress reports are scored. The 2021-2022 GP program reports are due to ODH on the following dates: January 15, 2022 and July 15, 2022.

1. Re-state each GP objective in the 2021-2022 GP SOLICITATION. Provide a brief narrative of the progress made towards each objective according to the following report periods: July 1, 2021 – December 31, 2021 and for the entire subgrant period July 1, 2021 – June 30, 2022. Identify the specific successes and challenges encountered and the solutions instituted for each objective. Significant achievements should be described, as well as instances when objectives were not met. Be specific in your description of accomplishments. The file format may be either MS Word or .pdf. All narrative files must be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section.
2. Provide samples of produced promotional materials, pamphlets, articles, letters, or reports created during the report period that directly relate to subgrant objectives (e.g., newsletters). Attachments can be attached in the ODH Grants Management Information System (GMIS 2.0) under the ‘Project’ / ‘Program Reports’ section. If you elect to send any hard copy attachments, note your subgrant number and agency name on the front page, with one original and two copies to:

Ohio Department of Health
Grants Administration, Central Master Files
246 N. High Street, 4th Floor
Columbus, OH 43215

If you have any questions, please contact David Feltz or Michele McPeters at (614) 466-4643.

Immunization-Related Health Equity Resources

GP applicants should review the following information sources regarding remaining immunization disparities in Ohio:

Immunization-Related Health Equity Resources

GP applicants should review the following information sources regarding remaining immunization disparities in Ohio:

Healthy People 2020

HealthyPeople.gov provides an overview, objectives, interventions, resources and national snapshots regarding immunizations and infectious diseases. Healthy People 2020 goals for immunization and infectious diseases are rooted in evidence-based clinical and community activities and services for the prevention and treatment of infectious diseases. Objectives new to Healthy People 2020 focus on technological advancements and ensuring that States, local public health departments, and nongovernmental organizations are strong partners in the Nation's attempt to control the spread of infectious diseases. See: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>.

Vaccination in Rural Communities

Despite the availability of safe and effective vaccines, fewer adolescents in rural areas are getting the HPV and meningococcal conjugate vaccines compared to adolescents in urban areas, leaving them vulnerable to serious diseases. View information from the Centers for Disease Control and Prevention (CDC). See: <https://www.cdc.gov/ruralhealth/vaccines/>.

National Healthcare Quality and Disparities Report from 2018.

Appendix A. List of Measures and Summary of Results for Figures shows quality trends through 2016. See: <https://www.ahrq.gov/research/findings/nhqdr/nhqdr18/index.html>.

The following measures improved:

- Children ages 0-17 with wellness checkup in the past 12 months
- Children ages 19-35 months who received 1 or more doses of varicella vaccine
- Children ages 19-35 months who received 3 or more doses of polio vaccine
- Adolescents ages 16-17 who received 1 or more doses of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since the age of 10 years
- Adolescents ages 13-15 who received 1 or more doses of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since the age of 10 years
- Adolescents ages 16-17 who received 1 or more doses of meningococcal conjugate vaccine
- Adolescents ages 13-15 who received 1 or more doses of meningococcal conjugate vaccine
- Adolescent males ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine
- Adolescent males ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine
- Adolescent females ages 16-17 who received 3 or more doses human papillomavirus vaccine

Through 2016, the following measures showed no change:

- Children ages 19-35 months who received 1 or more doses of measles-mumps-rubella vaccine
- Children ages 19-35 months who received 3 or more doses of hepatitis B vaccine

Children ages 19-35 months who received 4 or more doses of diphtheria-tetanus-pertussis vaccine

National Immunization Survey-Child Vaccination Coverage Reports

Each year, CDC publishes child vaccination coverage reports from NIS-Child. These publications provide information and details about child vaccination coverage.

See: <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/pubs-presentations.html>.

ChildVaxView shows data from the National Immunization Survey (NIS) the following indicators show that generally, limited disparities exist for children aged 19-35 months of age in Ohio. Data from the 2017 NIS indicate:

- Vaccine rates are lower in children below poverty, however in most measures, the rate gap is within 10 percentage points.
- Immunization rates in the rural areas (Non-MSA) are lower for all recommended vaccines.
- 2017 NIS sample sizes were only large enough to determine comparisons between black and white racial indicators. Comparisons for most antigens were similar.

2017 Ohio NIS Coverage levels for those:	Below Poverty	Enrolled in WIC	At or Above Poverty
DTaP #4	72.0%	76.1%	85.5%
Polio #3	79.0%	87.8%	91.5%
MMR #1	83.1%	87.4%	89.8%
Hib #3	80.9%	88.1%	91.7%
HepB #3	86.3%	91.4%	90.2%
Var #1	84.3%	83.1%	88.8%
PCV #4	68.4%	76.4%	82.1%
HepA #2	42.5%	41.1%	55.9%
Rotavirus #2+	50.6%	56.9%	77.5%

2017 Ohio NIS Coverage Levels by Urbanicity	Non-MSA	Central City MSA	Non-Central City MSA
DTaP #4	68.4%	86.8%	81.0%
Polio #3	76.7%	90.2%	91.0%
MMR #1	81.6%	89.2%	90.3%
Hib #3	82.3%	88.5%	91.7%
HepB #3	78.5%	91.2%	92.5%
Var #1	81.6%	86.4%	85.6%
PCV #4	72.4%	82.8%	77.9%
HepA #2	39.7%	55.5%	51.5%
Rotavirus #2+	64.1%	68.6%	67.3%

2017 Ohio NIS Coverage Levels by Race/Ethnicity	White only Non-Hispanic	Black Only Non-Hispanic	Hispanic	Multiple Race, Non-Hispanic
DTaP #4	79.4%	79.9%	NA	NA
Polio #3	89.2%	82.6%	NA	NA
MMR #1	88.3%	90.2%	NA	NA

Hib #3	90.5%	78.6%	NA	NA
HepB #3	89.1%	88.3%	NA	NA
Var #1	82.3%	88.3%	NA	NA
PCV #4	80.3%	73.5%	NA	NA
HepA #2	51.5%	38.3%	NA	NA
Rotavirus #2+	67.1%	60.0%	NA	NA

Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. This tool will also help understand social determinants of health related to the public health goals to immunize young children. Registered users have FREE access to over 7000 GIS data layers at state, county, zip code, block group, tract, and point-levels; Contextualized mapping, visualization, analytic, impact and communication tools and apps; profiles of hundreds of place-based community initiatives (multi-sector collaboratives) working towards healthy/sustainable/livable/equitable communities; and peer learning forums in the "interactive commons" with colleagues exploring similar interests and challenges. See: <http://www.communitycommons.org/>

Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book), 13th Edition. Immunization Strategies for Healthcare Practices and Providers, pages 33-46. Discussion notes: Those who remain unvaccinated are so largely because healthcare practices and providers do not always optimally perform the activities associated with delivering vaccines and keeping patients up to date with their immunization schedules.

Archives of Pediatric Adolescent Medicine. 2009 May;163(5):462-8. Progress in timely vaccination coverage among children living in low-income households. Conclusions: Disparities in vaccination coverage associated with low household income persist. Further progress in timely vaccination may be achieved by improving health care providers' reminder/recall systems, implementing educational interventions that address barriers to vaccination, and increasing parents' awareness of the Vaccines for Children Program.

American Journal of Preventive Medicine. 2010 Feb;38(2):127-37. Progress toward eliminating disparities in vaccination coverage among U.S. children, 2000-2008. Conclusions: Progress has been made toward eliminating vaccination coverage disparities among children in various socio-demographic groups in the U.S. As the end of the Health People 2010 goals period approaches, maintaining and advancing these reductions will require innovative strategies to reach underserved groups.

Pediatrics. 2009 Dec;124(6):1579-86. E-publication 2009 Nov23. Spatial accessibility to providers and vaccination compliance among children with Medicaid. Conclusions: Within our low-income, urban population, children with higher spatial accessibility to pediatric vaccination providers were more likely to be up-to-date with vaccinations. This association may guide future studies and efforts to ensure adequate immunization coverage for children regardless of where they live.

Pediatrics, Vol. 110, No. 5, November 2002. Reducing Geographic, Racial, and Ethnic Disparities in Childhood Immunization Rates by Using Reminder/recall Interventions in Urban Primary Care Practices. See this weblink for more information:
<http://pediatrics.aappublications.org/content/110/5/e58.full.pdf>.