



**Department
of Health**

Mike DeWine, Governor
Jon Husted, Lt. Governor

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MEMORANDUM

Date: April 16, 2019

To: Prospective Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Applicants

From: Bobbi Krabill, Assistant Chief, Office of Health Improvement and Wellness *BK*

Subject: Notice of Availability of Funds – Federal Fiscal Year 2020
Program Period October 1, 2019 – September 30, 2022

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness (OHIW), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) announces the availability of grant funds to provide WIC services throughout 74 geographic areas covering all Ohio's 88 counties. Funds will be available to ensure that pregnant, breastfeeding, and postpartum women, infants, and children throughout Ohio have access to nutrition services, nutrition education, breastfeeding education and support services.

To obtain a grant application packet:

1. Using Chrome browser, go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, place cursor on About Us;
3. On the left side of the page, scroll down and click on "Funding Opportunities;"
4. Click on ODH Grants on left side of the page;
5. On the ODH Grants page, click on "Grants Solicitation;"
6. On the next page, click WIC Administration FFY2020 Competitive Solicitation;
7. Click Download;
8. This process invokes Adobe Acrobat and displays the entire solicitation. You can either read and/or print the document as desired.

In the application packet you will find:

1. Solicitation for Fiscal Year 2020 – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be

submitted no later than **Tuesday, April 30, 2019** to be eligible for these funds. NOIAF's not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the Solicitation to determine your organization's ability to meet the requirements of the grant and your intent to apply.
2. If, after reviewing the Solicitation you wish to submit an application for the grant, you must complete the *Notice of Intent to Apply for Funding* form in the application packet Appendix A. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of **Tuesday, April 30, 2019**.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

1. Create a grant application project number for your organization. This project number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0.
2. ODH will assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the project number for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the Solicitation.

A Technical Assistance (Bidders Conference) will be held via conference call on May 6, 2019, conference telephone number: 1-855-405-1648; Meeting ID - 69127#; 1:00 pm to 3:00 pm. The call will provide an opportunity for interested parties to learn about the Solicitation and to ask clarifying questions. Please contact Alison Murphy, Nutrition and Administrative Services Supervisor, at (614) 644-7956 or email at Alison.Murphy@odh.ohio.gov to register.

All applications and attachments are due by **4:00 pm Tuesday, May 28, 2019**. Electronic applications received after **Tuesday, May 28, 2019** will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. If your organization has not been trained, complete and return the GMIS 2.0 training form in Appendix B.

If you have questions regarding this application, please contact Alison Murphy, Nutrition and Administrative Services Supervisor, at 614-644-7956 or email at Alison.Murphy@odh.ohio.gov



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Health Improvement and Wellness

Ohio WIC Program

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

**SOLICITATION
FOR
FISCAL YEAR 2020
(10/01/19 – 09/30/20)**

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

COMPETITIVE GRANT APPLICATION INFORMATION

X Base Only Funding Base and Deliverable Funding

**Revised 02/11/2019
For grant starts 10/1/2019 and thereafter**

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of 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 April 30, 2019 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 grants is 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: *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*

- C. Purpose:** The purpose of the WIC Program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. WIC helps to:
- Provide nutrition and breastfeeding education/counseling to the target population,
 - Improve pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies,
 - Reduce infant mortality by decreasing the incidence of low birth weight,
 - Increase breastfeeding rates among newborns, and
 - Give infants and children a healthy start in life by providing nutritious foods

D. Qualified Applicants: *The Application for this WIC Health Services grant is available to local public health or non-profit agencies having an interest in applying for the WIC grant. 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). For this competitive RFP, applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).*

The following criteria must be met for grant 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 Tuesday, May 28, 2019.

The following are program specific subrecipient agency responsibilities:

Ensure full use of the grant provided for WIC program service delivery, and exclude the grant from budget restrictions including hiring freezes, work furloughs, staff training, outreach, and travel restrictions that would impact or diminish service availability and services provided to WIC participants or applicants.

Process WIC applications, make eligibility determinations, and certify eligible individuals for the WIC program as outlined in the Ohio WIC Policy and Procedure Manual (PPM).

Comply with all State requirements for caseload management, including, but not limited to, maintenance of caseload ceilings as assigned by the State WIC Agency. The State WIC Agency may reallocate caseload slots in conjunction with grant level adjustments as deemed necessary.

Maintain waiting lists as required by the Ohio WIC PPM in the event that sufficient food funds are not available to serve all participants.

Provide and maintain the necessary facilities and equipment for performing the certification process. Certification data for each person certified shall be recorded and maintained as confidential as directed by the State WIC Agency.

Agencies are responsible for maintaining sufficient IT equipment with the capability of running the WIC system and services.

Refer eligible participants to appropriate health services as described in the Ohio WIC PPM, the State WIC Plan, and subrecipient agency's program application.

Develop and implement a plan for continued efforts to coordinate health services available to participants at the clinic, or through agreements with health care providers, when health services are provided through referral.

Inform applicants and participants of their rights and responsibilities and of other matters as specified in the Ohio WIC PPM.

Provide nutrition education services to participants in accordance with the nutrition education portion of the WIC program as developed and coordinated by the State WIC Agency. Participate in State WIC sponsored nutrition initiatives.

Upon request, develop and submit for approval, to the State WIC Agency, a nutrition education plan which is consistent with the nutrition education portion of the State WIC Plan, and is in accordance with the Ohio WIC PPM.

Assist in outreach efforts including outreach to agencies, institutions, and organizations listed in the Ohio WIC PPM.

Inform the State WIC Agency of incidents of vendors treating WIC participants differently than other customers and take such action as the State WIC Agency may require which may include, but is not limited to, participating in disqualification and appeal procedures and hearings.

Check participant identification and issue food benefits as required by the State WIC Agency.

Maintain for review, audit, and evaluation, all criteria used in certifying individuals for WIC participation as specified in the Ohio WIC PPM.

During normal business hours at Subrecipient Agency's offices, make all records of individual participants, except medical case records, available to the authorized State WIC Agency, federal auditor, state auditor, or independent accounting firm personnel. Medical case records shall be made available only if they are the only source of certification and/or nutrition education data.

Direct employees involved in the WIC program to attend training sessions conducted by

the State WIC Agency as requested.

Prohibit employees from using their positions, or giving the appearance of using their positions, for private gain or for the gain of individuals with whom they have family business, other personal ties, or business relationships. Each employee must review and comply with the "Conflict of Interest and Misuse or Illegal Use of Program Funds, Assets, or Property" section of the Ohio WIC PPM.

Maintain WIC clinic locations as described in the application. Seek prior State WIC Agency approval before moving or closing a clinic or establishing a new site.

Inform the State WIC Agency immediately of any change of availability of ongoing health services as described in the local agency program application.

Keep all equipment and supplies purchased with WIC funds insured for the full insurable value against loss or damage for reasons including, but not limited to, theft, vandalism, fire, water, tornado, and sprinkler systems, if applicable. Subrecipient Agency shall maintain said insurance so long as Subrecipient Agency has possession and/or control of equipment and supplies purchased by WIC funds. Subrecipient Agency shall list the State WIC Agency as an insured beneficiary and shall furnish the State WIC Agency with evidence of such insurance.

Designate a WIC program director who has the authority to monitor and carry out the terms of this Agreement, including the fiscal component, who acts as a liaison to the State WIC Agency on behalf of the subrecipient, and who will attend mandatory meetings as directed by the State WIC Agency. The Subrecipient Agency will ensure the availability of the director or a designee to attend these meetings.

Provide for the services of competent health professionals meeting requirements as outlined in the Ohio WIC PPM.

Designate Local Agency Nutrition Coordinator (RDN)/Qualified Nutritionist meeting requirements as outlined in guidance provided by the Ohio WIC program.

Designate a WIC breastfeeding coordinator who acts as a liaison to the State WIC Agency on behalf of the subrecipient, and who will attend mandatory meetings as directed by the State WIC agency. The Subrecipient Agency will ensure the availability of the breastfeeding coordinator or a designee to attend these meetings.

Maintain a peer helper program as directed by the State WIC Agency.

Complete an Employee Time Study Report or Employee Monthly Time Study Report for all employees who are paid with WIC grant funds each fiscal year according to Ohio WIC policy.

Complete State WIC Agency required documentation for changes in Subrecipient Agency's program operations that may be requested at any time during the term of this Agreement.

While functioning as a WIC employee, the purchase, transfer, use, or possession of illegal drugs or alcohol, or abuse of prescription drugs in any way, is strictly prohibited.

Not enter into a subcontractual arrangement with a non-profit health care or human services provider to deliver WIC services on behalf of the Subrecipient Agency without prior State WIC Agency approval.

Disseminate all State WIC Agency correspondence and policies and procedures as updated, to subcontractors, provide technical assistance to subcontractors, and ensure

compliance of administrative and programmatic activities for subcontractors as required by the State WIC Agency.

Review for accuracy and completeness all materials submitted by a subcontracting agency through the Subrecipient Agency. Materials include but are not limited to: program applications, budgets, nutrition education plans, and any reports required by the State WIC Agency must be provided by the Subrecipient agency upon request.

WIC program funds, assets, or property must be used for WIC purposes only. USDA has set a financial penalty for misuse or illegal use of program funds, assets, or property at \$25,000. [7 CFR 246.16 (b)(1) & 7 CFR 246.23 (d)]

Accepts the WIC grant for the entire federal fiscal year grant period. If anything should occur that may prohibit the current subrecipient from continuing to receive funding, the subrecipient agency director must notify the Ohio Department of Health within 180 days of proposed grant termination. In terminating the WIC grant, continuation of WIC services to participants in the community must be the priority concern.

- E. **Service Area:** Applicants will be expected to provide services to one or more of the 74 designated service areas covering all 88 counties in Ohio. The 74 designated service areas are listed in the FY20 Local Project Funding and Caseload Plan attachment.
- F. **Number of Grants and Funds Available:** A maximum of 74 grants totaling \$49,938,593 may be awarded. The maximum funding that will be awarded to each designated service area is listed in the FY20 Local Project Funding and Caseload Plan attachment in the FY20 Total NOA column. Projects are required to spend a **minimum amount on peer programming**, Breastfeeding and Nutrition Education as shown in the Local Project Funding and Caseload Plan.

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.

- G. **Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS 4:00 p.m. by **Tuesday, May 28, 2019**). Applications and required attachments received after this deadline will not be considered for review.

Contact Alison Murphy, Nutrition and Administrative Services Supervisor, at (614) 644-7956 or Alison.Murphy@odh.ohio.gov with any questions.

- H. **Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 49 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 10.557*. Federal funds provided through this program are authorized by Public Law 92-433, which added section 17 to the Child Nutrition Act of 1966, and its subsequent amendments and reauthorizations
- I. **Goals:** The goal of the Ohio Department of Health in releasing funds for the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. This will be accomplished through provision of:

- Nutrition Risk assessment;
- Individual and group nutrition education sessions;
- Breastfeeding promotion, education and support;
- Referral to prenatal and pediatric health care and other maternal and child health and human service programs (for example: Children with Medical Handicaps and Medicaid Programs);
- Supplemental and highly nutritious foods such as fruits, vegetables, whole grains, cereal, milk, eggs, juice, peanut butter, beans, and, if a nonbreastfed or partially breastfed infant, iron-fortified infant formula.

J. Program Period and Budget Period: The program period will begin October 1, 2019 and end on September 30, 2022). The budget period for this application is October 1, 2019 through September 30, 2020).

K. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.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 grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant 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 grant 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 grant 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 grant 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*

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) 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.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) 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.
- 6) 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 to 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.

M. GMIS Health Equity Module:

- 1) 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 are 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.

___ Applicable ___X___ Not Applicable to WIC)

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 grant 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 Alison Murphy, Alison.Murphy@odh.ohio.gov or (614) 644-7956 with questions regarding this Solicitation. First time applicants must contact Alison Murphy for additional information concerning the grant application for next year)

Applicant must attend or must document in the NOIAF 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 grant 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 Tuesday, May 28, 2019 at 4:00 p.m. All WIC program grant applications and attachments must be submitted electronically.

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 grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant 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 grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines 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 grant 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. All applications will be reviewed and scored by the Bureau of Health Improvement and Wellness, Ohio WIC Program. A copy of the WIC Application Review Form can be found in Appendix D. Applicants need not complete or submit the Application review form. The Bureau of Health Services WIC Program will make recommendations for approval or disapproval of proposals based on the following criteria:

- A. Program Narrative: (30 points)**
 - 1. Executive Summary**
 - 2. Description of applicant agency including documentation of eligibility to provide WIC services and description of staffing.**
 - 3. Problem/Need: Assessment of community and target population.**
 - 4. Methodology:**
 - a. Evaluation methods which include a biennial management evaluation from State WIC,**
 - b. Nutrition education plan to incorporate into program,**
 - c. Plan for breastfeeding promotion and support, and**
 - d. SMART Objectives**
- B. Completed Attachments: (30 points)**
- C. Budget: (30 points)**
 - 1. Narrative to include fiscal plans for the program, detailing any costs associated with operation of the clinics and justification for same.**
 - 2. ODH subrecipient fiscal application to be completed correctly, with budgeted items appropriately allocated to nutrition, clinic, breastfeeding, and administration categories.**
- D. Miscellaneous: (10 points)**
 - 1. WIC Time Study for each person on the WIC budget that matches the Personnel Budget Tool.**
 - 2. All other requirements of ODH, such as the W-9, audit, EFT, Health Impact Statement, Health Impact Statement of Support, liability coverage and evidence of non-profit status..**

The 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 grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

W. Ownership Copyright: Any work produced under this grant, 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 grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant 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 grant 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 grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Office of Health Improvement and Wellness, WIC Program and as a sub-award of a grant issued by [Federal Government/United States Department of Agriculture] under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) grant, grant award number 2OH70005], and CFDA number 10.557].”

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:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. January 10, April 10, July 10, and October 10, 2020 **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ **X** Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>October 1- December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>

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

- b. **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 during the fiscal year 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:

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2019</i>	<i>November 10, 2019</i>
<i>November 1 – 30, 2019</i>	<i>December 10, 2019</i>
<i>December 1 – 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – 31, 2020</i>	<i>February 10, 2020</i>
<i>February 1 – 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</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.

1. **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, 2020. 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.

2. **Inventory Report:** A list of all equipment purchased in whole or in part with current grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years,

inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

Y. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. 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 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/MiscPages/Memos/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;

The following are unallowable program-specific costs unless approved by ODH WIC program:

23. Refreshments unless related to nutrition education, outreach, or combined nutrition education and outreach efforts;
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;
27. Staff overtime expense exceeding 10% of a position's budgeted salary or any salary increase that exceeds 10% of a position's budgeted salary;
28. New staff positions;
29. Outreach, nutrition education materials, and conference registration or materials costs exceeding \$300.00;
30. Any rent increase or move to a new clinic site;
31. Hemoglobin or hematocrit blood draw and processing charge greater than \$3.63/test;
32. All out of state travel;
33. In-state travel costing \$300 or more when not sponsored by State WIC;
34. All IT equipment regardless of cost;
35. Outreach items such as breast pumps, breastfeeding aids, and written materials purchased with breastfeeding Peer Helper funds;
36. Incentives.

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.

AA. Client Incentives and Client Enablers:

Client incentives are *an unallowable cost*. The following client incentives are allowed.
N/A

Client Enablers are *an unallowable cost*. The following client enablers are allowed. N/A

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

AB. 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.

AC. 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 20 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:

**Complete
& Submit
Via Internet**

1. Application Information
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
 - a. Clinic and Staff Data Sheet (Attachment 1)
 - b. Breastfeeding Peer Helper Budget and Expenditure Form (Attachment 2)
 - c. Budget Tool (Attachment 3)
 - d. Voter Registration Assistance Plan (Attachment 4)
 - e. Employee Time Study Report (Attachment 5a)
 - f. Employee Monthly Time Study Report (Attachment 5b)
 - g. WIC Farmers' Market Nutrition Program (FMNP) Responsibilities (Attachment 6)
 - h. Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (Attachment 7)
 - i. Nutrition Education Plan (Attachment 8)
 - j. Clinic Self-Assessment (Attachment 9)
 - k. Health Disparities/Inequities Activities (Attachment 10)
 - l. Program Attachment Checklist (Attachment 11)

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

**Complete
Copy &
E-mail or
Mail to
ODH**

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 Notice of Intent to Apply for Funding is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant 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 14 of the Solicitation for unallowable costs.

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.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2019 to September 20, 2020.

Please compare the maximum funding level listed for your program in the FY20 Local Project Funding and Caseload Plan attachment with your projected costs. A budget for less than the maximum funding will be accepted.

The total amount of money spent on nutrition education and breastfeeding support must not be less than one-sixth of the total amount of program spending.

Distribute equipment and other direct costs between Breastfeeding (B) and Administration (A) categories only.

Distribute WIC personnel and contract costs among the Nutrition, Clinic, Breastfeeding, and Administration (NCBA) categories.

- **Nutrition Education (NE)** includes activities related to:
 - Providing NE directly to participants and the community
 - Developing/evaluating NE materials and tools
 - Training staff to provide NE services and monitoring/evaluating delivery of NE services
 - Maintaining up-to-date knowledge of NE practices
 - Nutrition counseling
- **Clinic (C)** includes activities related to:
 - Providing services for WIC eligibility directly to the participant but not related to the provision of NE/breastfeeding
 - Training staff to provide clinic services

- Monitoring the provision of clinic services
- **Breastfeeding (BF)** includes activities related to:
 - Providing BF support/promotion to participants and the community
 - Developing/evaluating breastfeeding materials and tools
 - Training staff to provide support/promote breastfeeding services
 - Monitoring/evaluating delivery of breastfeeding services
 - Maintaining up to date knowledge of breastfeeding practices
- **Breastfeeding Peer Helper (BPH)** includes: peer helpers who perform duties listed under breastfeeding and supervisors who monitor them.
- **Administration (A)** includes activities related to:
 - Performing non-direct participant related services (e.g., writing appointment cards in preparation for mailing, pulling charts in preparation for clinic)
 - Providing overall management of the program (e.g., processing grant related functions, invoices, payroll, and fiscal/management reports)

All health insurance and fringe costs must be distributed among the NCBA categories. The health insurance and fringe costs are not to be placed only in Administration (A) unless a staff member is 100 percent administration time.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

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.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (minimum \$1,000, unit cost value) to be purchased with grant funds in the Equipment Section.

3. Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.

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 section B2.10 of OGAPP.

4. **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 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.

D. Project Narrative:

1. **Executive Summary:** Identify the WIC target population, services (authorized foods, referrals, nutrition education, and breastfeeding education and support) and programs to be offered and what agency or agencies will provide those services. Please identify groups with disproportionate burden of nutrition related disparities and inequities. Describe the public health problem(s) that the program will address. Completion of Attachment 10 will meet this requirement.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:**
Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, 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 grant. 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. Include position descriptions for these staff unless included elsewhere in the grant application.

Describe how the local WIC project director will establish separation of duties among staff to prevent the occurrence of conflict of interest. At a minimum, the staff person who determines income eligibility and medical or nutritional risk cannot be the same person.

Confirm health professionals' licensure status. State whether all licenses have been updated or when they will be updated based upon expiration dates.

3. **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need. Completion of Attachment 10 will meet this requirement.

WIC/Community Health Care Coordination – State if your grantee agency provides direct services or if your grantee agency has designated staff that link referred WIC participants to existing practitioners or clinics. Is there a physician/hospital/clinic within or outside the agency that accepts referrals for prenatal, lactation, and/or child health services? List the physician/hospital/clinic and indicate whether or not they accept Medicaid payment and/or reduced fees for services. Attachment 7 includes the private Physician/Hospital Clinic Medical Services Memorandum of Agreement (MOA) form for project use. Submit completed forms with the grant application or explain when the form will be sent prior to October 1st. Refer to Section 283 of the Ohio WIC P&P Manual.

Other Community agencies/organizations also addressing this problem/need. Project should solicit input from other community agencies in the county via a local WIC advisory board or by participation with other organizations such as the County Job and Family Services or Head Start office. Outline the FY20 project's plans regarding coordination with other community entities and outline council, committee, and project plans.

4. **Methodology:** In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

FY20 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.

Please answer the following:

a) **Progress on corrective actions:**

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 Ohio WIC Policy and Procedure Manual. Describe your progress toward compliance with Program Standards since the submission of your last Management Evaluation response. Indicate the effectiveness of the plan. Projects with an FY19 second or third quarter ME or new grantee agencies do not need to respond in this application.

b) **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 2020 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 FY2020.

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 FY2020. 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 FY2020. (This could include ideas for Breastfeeding Awareness Month activities.)

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 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.)

G. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant 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 May 28, 2019**).

All attachments for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Solicitation are internet compatible.

WIC Grant Application Attachment Descriptions

FY20 Clinic and Staff Data Sheet (Attachment 1)

The Clinic and Staff Data Sheet must be submitted for each clinic site in FY20. The application includes one clinic data sheet form. Copy and paste the number of forms needed for FY20. For the activity portion of this form, list both working hours and clinic hours. For example, working hours may be from 8 a.m. to 5 p.m. five days per week, while clinic is held from 8:30 a.m. to 11 a.m. and 1 p.m. to 4:30 p.m. Indicate special activities (time and description) in the space provided, including group nutrition education sessions, migrant clinics, food instrument pickups, and evening and weekend clinics. **Part-time operations should indicate closed days/times with an "X."** Please note that there is a space included for Saturday clinics. All WIC staff that is in the Personnel Section must be listed on a clinic datasheet.

Breastfeeding Peer Helper Program Budget and Expenditure Form (Attachment 2)

Complete the Breastfeeding Peer Helper Program Budget/Expenditure Form to assist with tracking Peer Program expenses. To complete the Personnel section, refer to the time studies to define the amount of time spent by the Peer Helper and Peer Supervisor in the Peer Helper Program. Include all other expenses related to the Peer Helper Program in the Other Direct Cost and Equipment sections. This should reflect the total cost of operating the Peer Helper Program. This dollar amount must equal or exceed the designated dollar amount listed on the Peer Portion of the NOA on the **FY20 Local Project Funding and Caseload Plan**.

Budget Tool (Attachment 3)

Submit the Personnel Budget Tool with the FY20 grant. **State WIC strongly recommends that local projects complete the Budget Tool first before the personnel salary and fringes are entered into GMIS 2.0.** The Budget Tool must include all budgeted staff including the contracted staff listed in the CCA category. Local projects with subcontracted entities must submit separate tools for each entity.

The spreadsheet will automatically allocate NCBA costs based on the number of hours input from the FY19 time study for each NCBA category. The NCBA hours for each staff member must match the corresponding time study. **The Budget Tool salary and fringes must match as closely as possible with the GMIS 2.0 salary and fringes.**

Voter Registration Assistance Plan (Attachment 4)

Attachment 4 is the Voter Registration Plan form. Ohio Administrative Code Rule 111-10-02 requires that each voter registration agency must submit an updated voter registration plan each year. Enter the project name on the blank line at the top of the Voter Registration Assistance Plan form. Review and check off the assurances. **Submit only one per project.**

WIC Time Study (Attachments 5a and 5b)

Submit the Employee Time Study Report for each staff member paid with WIC funds. The Employee Time Study Report and directions are from All Projects Letter (APL) 2019-017. Attachment 5a is an example of the Employee Time Study Report. If your project completed an Annual Time Study, the Employee Time Study Report must include two weeks. If your project completed an Employee Monthly Time Study Report, the Employee Monthly Time Study Report must include a daily average of at least six months. The NCBA hours from the time study are used to complete the Budget Tool and both must match the NCBA hours in the personnel budget in GMIS.

WIC Farmers' Market Nutrition Program (FMNP) Responsibilities (Attachment 6)

Projects that operate an FMNP must review and agree to the program requirements and assurances provided in Attachment 6. A listing of FMNP projects is included in the attachment. By checking "Yes" in Attachment 6, the project is providing assurance that it will operate the program according to the WIC Farmers' Market Nutrition Program Responsibilities.

Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (MOA) (Attachment 7)

The Physician MOA must be signed and sent as an attachment for those projects that do not have a local agency physician or clinic to serve eligible WIC participants for medical care. The Physician shall provide such pediatric, obstetrical, lactation and other services to persons who seek such services upon referral from the local agency. Submit completed forms with the grant application or explain when the form will be sent prior to October 1st. Refer to Section 283 of the Ohio WIC P&P Manual.

Nutrition Education Plan (Attachment 8)

Complete Attachment 8 to describe the specific methods to be used to provide nutrition education for non-high-risk WIC participants. Identify the tentative plan for the first quarter, including participant category, topic, and educational format OR submit a full year's Nutrition Education Plan by completing the entire 2020 calendar.

Clinic Self-Assessment (Attachment 9)

Complete Attachment 9 for each clinic site. State staff recommends involving all clinic staff in this activity. Project directors should *consider* any ideas or recommendations to make the clinic space more VENA-like. Any areas that are rated "Disagree" or "Strongly Disagree" must have the "Thoughts/Comments" section completed. Project directors must also note in the "Thoughts/Comments" section what recommendations will be implemented during FY20.

The application includes one Attachment 9. Copy and paste the number of forms needed. This activity will provide project directors with information to make positive changes to WIC clinic sites. State WIC realizes there are some obstacles to improving clinic space: clinic sites that are open once a week or less, agency space policies, physical structure of the clinic space, and cost. Almost every space can have small changes made: new posters to replace ripped or defaced posters, VENA-friendly verbiage on signs, a few toys, etc. WIC staff should also use this activity to alert State WIC staff to any needed materials that could be purchased statewide to help make clinic areas more VENA-like.

Health Disparity/Inequity Activities (Attachment 10)

The Ohio Department of Health is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. Attachment 10 is provided to address WIC's role in combating hunger and meeting nutritional needs in the local project community.

Program Attachment Checklist (Attachment 11)

The Program Attachment Checklist is used to verify that all required attachments have been included. Place an X in the checkbox to the left of each document attached and return attachment 11 with the grant application.

III. APPENDICES

- A. Notice of Intent to Apply for Funding**
- B. GMIS Training Form**
- C. C1 Deliverable – Objective Descriptions (if applicable) *N/A***
C2 Deliverable – Objective Allocations (if applicable) *N/A*
- D. Application Review Form**
- E. Other Program Documents**
 - Clinic and Staff Data Sheet (Attachment 1)
 - Breastfeeding Peer Helper Budget and Expenditure Form (Attachment 2)
 - Budget Tool (Attachment 3)
 - Voter Registration Assistance Plan (Attachment 4)
 - Employee Time Study Report (Attachment 5a)
 - Employee Monthly Time Study Report (Attachment 5b)
 - WIC Farmers' Market Nutrition Program (FMNP) Responsibilities (Attachment 6)
 - Private Physician/Hospital/Clinic Medical Services Memorandum of Agreement (Attachment 7)
 - Nutrition Education Plan (Attachment 8)
 - Clinic Self-Assessment (Attachment 9)
 - Health Disparities/Inequities Activities (Attachment 10)
 - Program Attachment Checklist (Attachment 11)
- F. WIC Application Review Form**
- G. FY20 Local Project Funding and Caseload Plan**

Project Name:

Attachment 1 - Clinic and Staff Data Sheet – FY 2020

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

Budget Tool - Fringe Rate

Program Name:

CAUS Project Number:

Attachment 3

Please remove unused rows before submission.

Date: _____ Revision Date: _____

Employee	Function/Title	HP / EF Credentialed	Program Time (%)	Yearly Salary (1)	Program Salary Cost (\$)	Program Salary per NCBA Hr.	Fringe Rate (%)	Program Fringe Cost (\$)	Program Total Cost (\$)	NCBA Cost	Hrs/Wk	NCBA \$/yr	Other Funding Sources	Time (%)	Non-MHC Salary
L. Linn	Health Professional	RD, LD	86%	\$ 37,341	\$ 35,807	\$ 17.69	22.50%	\$ 15,857	\$ 47,624	Admin	0	\$ 0	General Fund	2%	\$ 747
										Branching	0	\$ 5,092.82	Block Grant	2%	\$ 747
										Clinic	13	\$ 15,347.33		0%	n.a.
										Nutrition	21	\$ 25,388.05		0%	n.a.
P. Cline	Health Professional	RD, LD	84%	\$ 42,751	\$ 34,281	\$ 18.48	32.85%	\$ 11,125	\$ 45,106	Admin	0	\$ 0	General Fund	7%	\$ 2,853
										Clinic	12	\$ 13,608.00	Block Grant	0%	n.a.
										Nutrition	22	\$ 24,048.90		0%	n.a.
T. Wyette	Support Staff		85%	\$ 30,063	\$ 25,042	\$ 14.04	48.80%	\$ 12,723	\$ 38,771	Admin	30	\$ 38,771.00	General Fund	2%	\$ 621
										Branching	0	\$ 0		0%	n.a.
										Clinic	0	\$ 0		0%	n.a.
										Nutrition	0	\$ 0		0%	n.a.
R. Cahn	Support Staff		91%	\$ 31,000	\$ 1,550	\$ 14.00	49.80%	\$ 772	\$ 9,322	Admin	2	\$ 2,322.00	General Fund	0.3%	\$ 28,630
										Branching	0	\$ 0	Block Grant	2%	\$ 620
										Clinic	0	\$ 0		0%	n.a.
										Nutrition	0	\$ 0		0%	n.a.
M. Dione	Support Staff		50%	\$ 33,076	\$ 6,815	\$ 13.90	48.80%	\$ 3,244	\$ 8,908	Admin	8	\$ 8,908.00	General Fund	85%	\$ 26,480
										Branching	0	\$ 0	Block Grant	0%	n.a.
										Clinic	0	\$ 0		0%	n.a.
										Nutrition	0	\$ 0		0%	n.a.
G. Wilson	Support Staff		100%	\$ 25,384	\$ 25,384	\$ 13.05	48.80%	\$ 2,841	\$ 34,025	Admin	0	\$ 0		0%	n.a.
										Branching	0	\$ 0		0%	n.a.
										Clinic	13	\$ 14,123.57		0%	n.a.
										Nutrition	22	\$ 23,901.43		0%	n.a.
K. Carlson	Health Professional	RD, LD	60%	\$ 38,763	\$ 30,009	\$ 20.88	49.80%	\$ 18,823	\$ 58,927	Admin	35	\$ 54,927.00	General Fund	3%	\$ 778
										Branching	0	\$ 0		0%	n.a.
										Clinic	0	\$ 0		0%	n.a.
										Nutrition	0	\$ 0		0%	n.a.
K. Underwood	Support Staff		88%	\$ 38,298	\$ 28,710	\$ 15.77	49.80%	\$ 14,248	\$ 43,008	Admin	5	\$ 43,008.00	General Fund	2%	\$ 588
										Branching	0	\$ 0		0%	n.a.
										Clinic	0	\$ 0		0%	n.a.
										Nutrition	0	\$ 0		0%	n.a.
				\$ 261,721	\$ 198,914	\$ 68,438		\$ 261,352							
										220	\$ 261,352				\$ 65,808

NCBA Hrs.				NCBA Costs				% NCBA Hours				% NCBA Cost			
Admin	115	\$ 150,447.00		115	\$ 150,447.00			50.2%				53.5%			
Branching	11	\$ 12,888.22		11	\$ 12,888.22			4.8%				4.6%			
Clinic	39	\$ 43,571.70		39	\$ 43,571.70			16.6%				15.6%			
Nutrition	85	\$ 74,437.07		85	\$ 74,437.07			28.4%				28.5%			
Total	229	\$ 261,352.00		229	\$ 261,352.00			100.0%				100.0%			

(Attachment 4)

**VOTER REGISTRATION ASSISTANCE PLAN
Fiscal Year 2020**

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 FY2020 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
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 PHB hours are not reflective of the percent of time spent as calculated by the current time study; enter in actual NCBA and PHB 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 Report

Employee 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)

[illegible]

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**

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 to 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

100

*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; 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

iJustification:

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

Supervisor's Name: _____

Date: _____

☐ Check to Authenticate Signature

(Attachment 6)

**WIC FARMERS' MARKET NUTRITION
PROGRAM RESPONSIBILITIES – FY 2020**

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.)***

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

Clinic Self-Assessment Activity

Our physical environment/surroundings have an impact on our ability to learn, focus and participate. Feeling uncomfortable in one's surroundings may prevent one from active participation. As we focus on participant-centered encounters, we need to provide a comfortable, non-threatening clinic.

The purpose of this activity is to help you apply Value Enhanced Nutrition Assessment (VENA) principles in your work environment. Walk in your clinic as if you are a participant entering for the very first time. Look around. What do you see? How do you feel? Now, please take time to reflect on the statements below. Check (✓) the response that best describes your level of agreement. Please include ideas, thoughts or comments in the last column. Use your ideas to fuel your creativity and work within the confines of your resources. Feel free to use the back of the page for additional comments. Next, review the responses as an agency in an all-staff discussion to determine how you will improve your clinic environment.

Please check the response that best describes your level of agreement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Thoughts/Comments
Our clinic is welcoming to participants: Brightly painted walls, murals, welcome signs in languages spoken by participants.						
Artwork, posters, bulletin boards with community activities reflects participant population.						
Appropriate toys, opportunities for physical play.						
Our clinic provides a warm and friendly environment.						
Our waiting room has enough room and chairs to accommodate all family members without being crowded or noisy.						
Our clinic has culturally-appropriate materials.						
Our clinic has a comfortable designated area for breastfeeding.						
I have ideas for making our clinic more welcoming to our participants. <i>Share them!</i>						

Copy and paste additional pages for each clinic

Attachment 10

Health Disparity/Inequity Activities FY20-FY22

Project Name____ Project Number____

The purpose of this WIC program grant application is to improve the health status and prevent health problems among _____ County's at-risk women, infants, and children. WIC helps to: provide nutrition and breastfeeding education/counseling to the target population, improve pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies, reduce infant mortality by decreasing the incidence of low birth weight, increase breastfeeding rates among newborns, and give infants and children a healthy start in life by providing nutritious foods.

The WIC program was established by Congress when it found that substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income (less than 185 percent of the Federal Poverty Income Guidelines) are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both.

Ohio Children's Hunger Alliance 2014 annual report, *Good Food*, states the problem of childhood hunger as: "Over 20 percent of households with children in Ohio are food insecure, which means nearly 680,000 children do not have consistent access to the nutritious foods they need to be healthy and thrive." Childhood hunger is associated with: health problems, behavior and emotional problems, school absence, impaired ability to learn, lower test scores, obesity and obesity related illnesses."

The Ohio Development Services Agency Ohio Poverty Report (January 2016) shows that _____ County has _____ or _____ percent of its _____ residents who are living in poverty. (1) The Children's Hunger Alliance's County Profiles show that there are _____ children under the age of 18; _____ of the _____ children or _____ percent are experiencing food insecurity. (2)

The current economy also affects the population at-risk with unemployment in _____ County at _____ percent per the *Civilian Labor Force Estimates* issued by the Ohio Department of Job and Family Services (3). The Ohio Department of Health Bureau of Health Services issued letter 2010-055, *FY10 Potential Eligible Estimates*, indicating that _____ County's number is _____. This grant application is directed at serving _____ or _____ percent of those potentially eligible for WIC nutrition services.

1. Ohio Development Services Agency Ohio Poverty Report (see county maps on report page 14 and Table A4: Number and Percentage of Poor Persons by County 1989-2013 on report pages 49-51 <http://www.development.ohio.gov/files/research/P7005.pdf>)
2. Ohio Children's Hunger Alliance County Profiles at: <http://www.childrenshungeralliance.org/index.cfm?fuseaction=cms.page&id=1043>
3. Civilian Labor Force Estimates: <http://ohiolmi.com/laus/ColorRateMap.pdf>

Attachment 11

PROGRAM ATTACHMENT CHECKLIST

FY20

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

Reimbursement**Type**

Select one of the options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Health Improvement and Wellness
Ohio WIC Program

ODH Program Title:

Ohio WIC Program

Appendix A**Submission Required**

See Due Date Below

New Applicants must submit the
GMIS Training form with the Notice
of Intent to Apply for Funding Form

ALL INFORMATION REQUESTED MUST BE COMPLETED

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

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 Alison.Murphy@odh.ohio.gov BY Insert Due Date & Bold

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

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

GMIS Training, 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. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. 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. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.*

Date: _____

Check the type of access and complete the information requested: ☐ Employee - needs GMIS Training

☐ 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

Mall: 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#:

☐ **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)**

Appendix D
WIC Application Review Form (FY20)
Ohio Department of Health
Ohio WIC Program
Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC)

Project Title _____ Project Number _____ Agency _____

County _____ Reviewer _____

CATEGORY	CRITERION MET	CRITERION PARTIALLY MET	CRITERION UNMET
A. Program Narrative [30 points maximum]			
1. Executive Summary	4-5 points	1-3 points	0 points
2. Description of Applicant Agency/Documentation of Eligibility/Personnel [5 pts. Maximum]			
	4-5 points	1-3 points	0 points
3. Problem/Need [5 points maximum]			
4. Methodology [20 points maximum]			
a) management evaluation follow-up [5]	4-5 points	1-3 points	0 points
b) nutrition education services plan [5]	4-5 points	1-3 points	0 points
c) BF promotion and support plan [5]	4-5 points	1-3 points	0 points
d)) SMART Objectives [5]	4-5 points	1-3 points	0 points
Subtotal A: _____			

CATEGORY	CRITERION MET	CRITERION PARTIALLY MET	CRITERION UNMET
B. Program Attachments [30 points maximum]	20 – 30 points	1 – 19 points	0 points
C. Budget [30 points maximum]			
1. Budget Narrative [10 points maximum]	8 – 10 points	1-7 points	0 points
2. ODH Subgrantee Fiscal Application [20 points maximum]	15 – 20 points	1 – 14 points	0 points
D. Miscellaneous [10 points maximum] (WIC Time Study for each person on the WIC budget that matches the Personnel Budget Tool. All other requirements of ODH, such as the W-9, audit, EFT, Health Impact Statement, Health Impact Statement of Support, liability coverage and evidence of non-profit status.)	8 – 10 points	1 – 7 points	0 points
Additional Comments:	Subtotal B-D:		
	Total Points:		
	Approval	Approve with Special Conditions	Disapprove
Reviewer's Signature:	Date:		

Appendix E

FY2020 Local WIC Project Funding and Caseload Plan

Local WIC Project	FY20 TOTAL NOA	FY20 NSA Portion of NOA	FY20 Peer Portion of NOA*	NSA BF Requirement **	1/6 NSA Requirement for Nutrition and BF**	FY20 Caseload
ADAMS/BROWN COUNTY WIC PROGRAM	\$ 453,681	\$ 436,065	\$ 17,616	\$ 11,805	\$ 75,614	1,634
ALLEN COUNTY WIC PROGRAM	697,477	676,020	21,457	16,428	116,246	2,274
ASHTABULA COUNTY WIC PROGRAM	633,462	612,823	20,629	16,435	105,575	2,275
ATHENS/PERRY CNTY WIC PROGRAM	484,216	464,857	19,358	13,206	80,703	1,828
AUGLAIZE COUNTY WIC PROGRAM	196,503	183,702	12,801	4,559	32,751	631
BELMONT COUNTY WIC PROGRAM	334,767	320,755	14,012	6,789	55,795	937
BUTLER COUNTY WIC PROGRAM	1,815,271	1,564,185	51,086	58,458	269,212	7,815
CARROLL COUNTY WIC PROGRAM	181,391	169,329	12,062	3,244	30,232	449
CHAMPAIGN CNTY WIC PGM	179,607	167,367	12,240	3,554	29,935	492
CLARK COUNTY WIC PROGRAM	754,345	729,676	24,469	20,127	125,724	2,786
CLERMONT COUNTY WIC PROGRAM	641,413	618,126	23,287	17,403	106,902	2,409
CLINTON COUNTY WIC PROGRAM	221,837	209,125	12,712	5,084	36,973	701
COSHOCKTON COUNTY WIC PROGRAM	225,817	212,307	13,510	4,652	37,636	644
CRAWFORD COUNTY WIC PROGRAM	308,575	293,086	15,489	8,359	51,429	1,157
CUYAHOGA COUNTY WIC PROGRAM	4,784,727	4,644,782	139,945	154,507	787,455	21,387
DARKE/MERCER COS. WIC PROGRAM	385,546	368,019	17,527	10,389	64,258	1,438
DEFIANCE COUNTY WIC PROGRAM	228,588	215,580	13,008	4,140	38,098	573
DEL/JUNIOR/MORROW CNTY WIC PGM	563,840	545,544	18,296	14,478	93,973	2,004
ERIE/HURON COUNTY WIC PROGRAM	638,042	617,827	20,215	16,313	106,340	2,258
FAIRFIELD COUNTY WIC PROGRAM	436,847	419,025	17,822	11,927	72,808	1,651
FAYETTE COUNTY WIC PROGRAM	210,111	197,606	12,505	4,161	35,019	576
FRANKLIN COUNTY WIC PROGRAM	6,632,726	6,448,973	183,753	212,895	1,105,454	29,469
FULTON/HENRY CO. WIC PROGRAM	328,203	313,950	15,253	7,477	54,867	1,035
GALLIA COUNTY WIC PROGRAM	254,091	239,754	14,337	5,982	42,349	828
GREENE COUNTY WIC PROGRAM	485,681	467,120	18,561	11,335	80,947	1,569
GUERNSEY COUNTY WIC PROGRAM	280,228	265,034	15,194	7,362	46,705	1,019
HAMILTON COUNTY WIC PROGRAM	3,185,848	3,094,498	91,350	109,406	530,975	15,144
HARRISON COUNTY WIC PROGRAM	107,639	97,172	10,467	1,734	17,940	240
HHP: HANCOCK/HARDIN/PUTNAM WIC PROGRAM	547,079	527,514	19,565	13,748	91,180	1,903
HIGHLAND COUNTY WIC PROGRAM	372,298	356,336	15,962	8,698	62,050	1,204
HOCKING COUNTY WIC PROGRAM	207,762	194,607	13,155	4,457	34,827	617
HOLMES COUNTY WIC PROGRAM	165,965	154,464	11,501	2,680	27,661	371
JACKSON COUNTY WIC PROGRAM	235,566	222,352	13,214	5,332	39,261	738
JEFFERSON COUNTY WIC PROGRAM	308,277	291,793	14,484	6,560	51,046	908
KNOX COUNTY WIC PROGRAM	275,769	261,225	14,544	7,000	45,962	969
LAKE - GEAUGA COUNTY WIC PROGRAM	906,069	879,886	26,183	22,468	151,012	3,110
LAWRENCE COUNTY WIC PROGRAM	358,618	343,424	15,194	8,590	59,770	1,189
LICKING COUNTY WIC PROGRAM	661,698	639,798	21,900	15,814	110,283	2,189
LOGAN COUNTY WIC PROGRAM	213,520	200,926	12,594	3,966	35,587	549
LORAIN COUNTY WIC PROGRAM	1,064,916	1,035,484	29,432	29,396	177,486	4,069
LUCAS COUNTY WIC PROGRAM	2,241,623	2,179,341	62,282	76,072	373,604	10,530
MADISON COUNTY WIC PROGRAM	192,852	179,874	12,978	5,324	32,142	737
MAHONING COUNTY WIC PROGRAM	1,126,671	1,096,589	30,082	29,851	187,779	4,132
MARION COUNTY WIC PROGRAM	420,542	402,335	18,207	12,397	70,090	1,716
MEDINA COUNTY WIC PROGRAM	392,177	376,215	15,962	9,630	65,363	1,333
MEIGS COUNTY WIC PROGRAM	171,411	159,349	12,062	3,020	28,589	418
MIAMI COUNTY WIC PROGRAM	338,992	323,858	15,134	7,997	56,499	1,107
MONROE COUNTY WIC PROGRAM	119,605	108,783	10,822	2,218	19,934	307
MONTGOMERY CNTY. WIC PROGRAM	2,093,100	2,034,747	58,353	63,314	348,850	8,784
MUSKINGUM COUNTY WIC PROGRAM	552,299	532,881	19,418	12,715	92,050	1,760
NOBLE COUNTY WIC PROGRAM	100,406	89,821	10,585	1,727	16,734	239
OTTAWA COUNTY WIC PROGRAM	129,475	118,063	11,412	3,215	21,579	445

FY2020 Local WIC Project Funding and Caseload Plan (continued)

Local WIC Project	FY20 TOTAL NOA	FY20 NSA Portion of NOA	FY20 Peer Portion of NOA*	NSA BF Requirement **	1/6 NSA Requirement for Nutrition and BF**	FY20 Caseload
PAULDING COUNTY WIC PROGRAM	\$ 121,033	\$ 110,093	\$ 10,940	\$ 2,391	\$ 20,172	331
PIKE COUNTY WIC PROGRAM	229,819	218,488	13,333	5,223	38,303	723
PORTAGE/COLUMBIANA WIC PROGRAM	1,021,325	990,504	30,821	28,623	170,221	3,982
PREBLE COUNTY WIC PROGRAM	250,288	236,512	13,776	6,126	41,715	848
RICHLAND/ASHLAND CNTY WIC PRG	781,413	756,234	25,179	20,149	130,238	2,789
ROSS/PICKAWAY COUNTY WIC PROG.	608,823	587,780	21,043	17,627	101,471	2,440
SANDUSKY COUNTY WIC PROGRAM	296,879	282,247	14,632	7,152	49,480	990
SCIOTO COUNTY WIC PROGRAM	521,625	503,854	17,971	12,708	86,938	1,759
SENECA COUNTY WIC PROGRAM	338,410	323,088	15,341	7,911	58,402	1,095
SHELBY CNTY WIC PGM	216,137	203,632	12,505	4,089	36,023	566
STARK COUNTY WIC PROGRAM	1,301,966	1,262,815	39,151	39,293	218,994	5,439
SUMMIT COUNTY WIC PROGRAM	1,972,378	1,913,436	58,943	64,485	328,730	8,926
TRUMBULL COUNTY WIC PROGRAM	1,019,334	989,399	29,935	27,171	169,889	3,761
TUSCARAWAS COUNTY WIC PROGRAM	441,923	424,455	17,468	10,367	73,654	1,435
VAN WERT COUNTY WIC PROGRAM	160,341	147,836	12,505	3,742	26,724	518
VINTON COUNTY WIC PROGRAM	147,229	135,757	11,472	2,969	24,538	411
WARREN COUNTY WIC PROGRAM	372,840	358,090	14,750	8,431	62,140	1,167
WASHINGTON/MORGAN CNTY WIC PGM	363,557	347,861	15,696	8,648	60,593	1,197
WAYNE COUNTY WIC PROGRAM	424,603	407,549	17,054	9,514	70,767	1,317
WILLIAMS COUNTY WIC PROGRAM	232,325	218,697	13,628	4,978	38,721	689
WOOD COUNTY WIC PROGRAM	343,797	328,249	15,548	7,832	57,300	1,098
WYANDOT COUNTY WIC PROGRAM	126,390	115,657	10,733	2,110	21,085	292
STATEWIDE	<u>\$49,938,593</u>	<u>\$48,162,183</u>	<u>\$ 1,776,410</u>	<u>\$ 1,417,997</u>	<u>\$ 8,323,109</u>	<u>196,280</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.