

## MEMORANDUM

Date: March 14, 2024

To: Creating Healthy Communities: Competitive Applicants

From: Jennifer Voit [jv](#)  
Bureau of Health Improvement and Wellness  
Ohio Department of Health

Subject: Creating Healthy Communities Competitive Grant  
Applications for Fiscal Year 2025, 10/1/2024-9/30/2025

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds. All electronic applications and attachments are due by **4:00 p.m., May 6, 2024**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a **Bidder's Conference** that will be held via webinar on **Monday, March 25, 2024, from 1-3:00 p.m.**

Microsoft Teams meeting  
**Join on your computer, mobile app or room device**  
[Click here to join the meeting](#)  
**Or call in (audio only)**  
[+1 614-721-2972,,955007753#](#) United States, Columbus

To join the meeting, please click on "Join Microsoft Teams Meeting" above. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead." There is also a call-in number above if you do not plan to use your device's audio. Please note, this program works best in Google Chrome.

This is a competitive solicitation. All interested parties must submit a **Notice of Intent to Apply for Funding (NOIAF)** form (Appendix A), no later than **4:00 p.m. March 27, 2024**, to be eligible to apply for funding. NOIAF forms should be emailed to [sarah.ginnetti@odh.ohio.gov](mailto:sarah.ginnetti@odh.ohio.gov). The NOIAF allows ODH Grants Administration Unit (GAU) to create a grant application account for your organization using the Grants Management Information System (GMIS). All grant applications must be submitted via the Internet using GMIS. Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training to receive authorization for Internet submission. Please complete and submit the **ODH GMIS 2.0 Form. (Appendix B)** no later than **4 p.m. on March 27, 2024**, to the GAU Grants System Administrator, Maria Kapenda, [maria.kapenda@odh.ohio.gov](mailto:maria.kapenda@odh.ohio.gov)

ODH Encourages the immediate submission of the NOIAF. Workplan and attachment templates will be sent via email to all applicants after submitting their NOIAF. If you have questions, please contact Sarah Ginnetti at [sarah.ginnetti@odh.ohio.gov](mailto:sarah.ginnetti@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF HEALTH  
IMPROVEMENT AND WELLNESS

Creating Healthy Communities CC25  
SOLICITATION FOR FISCAL YEAR 2025  
(October 1, 2024 – Sept. 30, 2025)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Base Funding -

Revised 9/29/2023

For grant starts 4/1/2024 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online 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 Wednesday, March 27, 2024 so access to the online application 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 in the following website: <http://supplier.ohio.gov/>.

**Note:** Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

**A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any 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 the preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website (click 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-ogapp-manual>).

Updates to policies and procedures can be 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 templates 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).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy with 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:** *Creating Healthy Communities (CHC)*

**C. Purpose:**

Vision: Vibrant Ohio communities where everyone has access to healthy food and opportunities for active living

Mission: Activating community-led solutions to create sustainable change in policies, places, and population health

The CHC program is evaluated using a principles-focused approach. Principles are statements based on values that provide guidance for decision making. Principles reflect **common values, norms, and experiences** that describe how the CHC program is implemented in different contexts and situations. They point the way toward desired results.

CHC Principles

- Sustainable And Equitable Investments: CHC invests in policies, projects, places, and people to create and sustain equitable, inclusive opportunities for healthy eating and active living.
- Self-Awareness And Empathy: Everyone involved in CHC prepares to engage in the work by strengthening self-awareness and empathy.
- Community-Led Solutions: Community members experiencing health inequities or social marginalization partner with CHC to amplify their collective power and lead solutions for their community.
- Organizational Partnership: Organizations partner with CHC to align with and direct resources toward community members' vision and priorities.
- Coordinator Responsibility: CHC Coordinators approach their relationships and the work with humility, transparency, dependability, and respect for others.

**D. Qualified Applicants:** *All applicants must be a local public or non-profit agency. Non-Local Health District (LHD) applicants must include a letter of support from the LHD responsible for the jurisdiction in which the selected CHC community is located. Applicants must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

*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 an application and all required attachments by **4:00 p.m. on Monday May 6, 2024.**

**E. Service Area:** All funded projects are expected to work in communities with a high Social Vulnerability Index (SVI) score and/or other demonstrated need. Applications may include a single county or multi-county project area, and the application should define the project area, such as county, city, township, census tract(s), census block group(s), or census block(s). More information can be found in Appendix E and F.

**F. Number of Grants and Funds Available:** The CHC program anticipates having approximately \$2.4 million available for local grant awards and funding approximately 20 local awards. Multiple applicants will not be funded for overlapping service areas/jurisdictions. Funding supporting the subgrant program is from the Centers for Disease Control and Prevention's Preventive Health and Health Services Block Grant. Applicants may apply for a maximum award of \$120,000, with an average award of \$100,000. Funding levels for all applicants will depend on the number and scope of proposals received, recommendations from the review panel, quality of each application, justification for the amount of funding requested, need of the service area, and adherence to the goals and objectives outlined in this RFP. No applicant is guaranteed a certain percentage of the total funds available. ODH reserves the right to modify the number of grants awarded or amount of funding based on the applications, geographic representation, and funds available.

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 by **4:00 p.m. on Monday, May 6, 2024**. Applications and required attachments received after this deadline will not be considered for review. Contact Sarah Ginnetti, [sarah.ginnetti@odh.ohio.gov](mailto:sarah.ginnetti@odh.ohio.gov) with any questions.
- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 93.991*
- I. Goals:** The scope of work is specifically designed to improve population health while addressing health equity in populations experiencing health disparities. Applicants will be required to work comprehensively on community-led healthy eating and active living strategies through the implementation of policy, systems and environmental (PSE) changes. [Healthy People 2030](#) serves as the basis for the CHC program. CHC 5-year outcomes include the following: increase the number of Ohioans following the Physical Activity Guidelines for Americans; and increase the number of Ohioans following the U.S. Dietary Guidelines for Americans.
- J. Program Period and Budget Period:** The program period will begin October 1, 2024 and end on September 30, 2029. The budget period for this application is October 1, 2024 through September 30, 2025.
- K. Public Health Accreditation Board (PHAB) Standard(s):** The CHC program will address the following PHAB standards:
- Standard 1.1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
  - 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 Interventions
  - Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
  - 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 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health
  - Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
  - Standard 10.2:** Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences

The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

- L. Public Health Impact Statement:** All applicants 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, note this 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 achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health conditions or health outcomes targeted by this solicitation (See Ohio's State Health Assessment Ohio's health data). <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment> .
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities. Interactive maps, census tract information and more can be found on the OHIZ Dashboard, here: <https://data.ohio.gov/wps/portal/gov/data/view/ohio-health-improvement-zone->
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies](#)



for Objectives in Healthy People 2030.

<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>

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

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

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

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

greatly contribute to advancing health equity.

**M. Human Trafficking:** Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals. ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
  1. Populations at increased risk
  2. Mental health population
  3. Homeless population
- b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable    ☐ Not Applicable to Creating Healthy Communities

**N. 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.**

**O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sarah Ginnetti at [sarah.ginnetti@odh.ohio.gov](mailto:sarah.ginnetti@odh.ohio.gov) for questions regarding this solicitation.

**P. Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, May 6, 2024 at 4:00 p.m.**

**R. 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 the funds.

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

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

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
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, Measurable, Attainable, Realistic, Time-Phased, Inclusive, Equitable (S.M.A.R.T.I.E) objectives, activities, milestones, and outcomes with respect to timelines and resources.

5. Estimates reasonable cost to the ODH, considering the anticipated results.
6. Show 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 to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify 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.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation Program.
13. An Application Review Form (Appendix C) provides further details of scoring.

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.**

**U. 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.

**V. 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. The CDC funding statement must be placed on all original educational materials developed by CHC subgrantees. The funding statement is not required on materials such as meeting agendas, flyers, signage, etc.

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, Creating Healthy Communities program and as a sub-award of a grant issued by the Centers for Disease Control and Prevention, under the Preventive Health and Health Services Block Grant, grant award number NB01TO000057, and CFDA number 93.991."

**W. Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. 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. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
Oct. 1- Dec 31, 2024	January 10, 2025
Jan. 1- March 31, 2025	April 10, 2025
April 1-June 30, 2025	July 10, 2025
July 1- Sept. 30, 2025	Oct. 10, 2025

*Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.*

Required Meetings

- Monthly conference calls, via MS Teams
- Two in-person meetings in Columbus, OH
- Host ODH program consultant for full day site visit (once per year).
- 1 additional training, as determined by ODH.

- 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:

Period	Report Due Date
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
October 1 – December 31, 2024	January 10, 2025
January 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025
July 1 – September 30, 2025	October 10, 2025

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

**c. Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before November 5, 2025. 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, which 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 constitutes an authorization of the submission by the agency official and serves as electronic acknowledgment and acceptance of OGAPP rules and regulations.*

**d. 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.

**X. 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.

**Y. 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 (unless allowable by the grant).
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.
23. *Outpatient services.*
24. *Food and beverages for coalition or partner meetings.*
25. *Costs related to the construction of sidewalks and/or trails.*
26. *Concrete pads for installation of permanent infrastructure.*
27. *Fruit and vegetable incentives or prescription vouchers.*

**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*.

Client Enablers are an *unallowable cost*.

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:

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

**AC. Application Submission:**

**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.
- Program narrative should not exceed 20 pages (**excluded** appendices, attachments, budget and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH. (**Workplan should be submitted in Microsoft Word**).



The GMIS application submission must consist of the following:

**Complete &  
submit  
online**

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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s))**.
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
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 (1. Personnel/Position Form; 2. CV/Resume; 3, Workplan; 4. Letters of Support).

## II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS 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 constitutes authorization by the agency official and serves as an 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 ODH.
- B. Budget:** Prior to completion of the budget section, please review page 11-12 of the Solicitation for unallowable costs.

A match or applicant share is not required by this program. Do not include a 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 all 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, 2024-September 30, 2025.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

**All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.**

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 service 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.**

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 on indirect costs, please see section B2.11 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: Limit of 20 pages**

**1. Executive Summary:** Identify if the application is for a single or multi-county jurisdiction; include rationale for this selection along with amount of funding requested. Provide a summary of the plan for 2025, including a brief overview of how activities will be carried out, and describe the involvement of key partners, and community members.

**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. 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.

- <https://www.ada.gov/effective-comm.htm>

**3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide 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 disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or system (e.g., accessibility, availability, affordability) indicators. Clearly describe segments of the priority population who experience a disproportionate burden for nutrition security, lack of access to safe transportation, and opportunities to be physically active.

### Methodology:

- **Assessment:** Describe your plan to complete the recommended Healthy Eating and Active Living assessments (Appendix G). Include which assessment(s) were selected and why; which priority communities they will be conducted in; and an anticipated timeline for completion. If you are choosing to not conduct any new assessments in 2025 due to similar assessments being completed in the last three years, please explain how you will use the results of these assessments to inform workplan strategies.
- **Priority Community Selection:** Describe the priority communities you plan to work with over the next five years, linking back to the problem/need section of the narrative. Please include a description of priority communities you plan to include in your 2025 workplan, as well as any future communities you anticipate working with for the grant cycle, but may not have the capacity to work with in year one.
- **Strategy Selection:** Describe the process for selecting healthy eating and active living strategies for 2025, including community residents, organizations, and partners integral to accomplishing the goals and objectives of CHC. If during the grant year, there is a need to change strategies due to a shift in community priorities, describe how this will be handled.
- **Community Engagement:** Describe how community residents will be involved in the planning, implementation, and evaluation of CHC goals and objectives.
- **Inclusion:** Describe how you will include groups who have traditionally been left out of community decision-making in the past, such as communities of color, people with low incomes, people with disabilities, etc.
- **Other Funded Programs:** Describe any initiatives that are similar to the work of CHC that are ongoing in your jurisdiction. This may include but is not limited to other CDC funded programs: Racial and Ethnic Approaches to Community Health (REACH), High Obesity Program (HOP); other ODH programs: Ohio Health Improvement Zones (OHIZ), Injury Prevention; or community funded initiatives. Describe other agencies, organizations and programs in your jurisdiction who also address the same risk factors and how CHC will collaborate and not duplicate this work.
- **Current Efforts:** Provide a brief summary of the current efforts and progress made in the past three years related to successful implementation of healthy eating and active living PSE strategies. Include outcomes and successes.

- 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 online automatically with each application.
- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov).

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in**

order to submit the application.)

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in 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 must be uploaded in GMIS by **4:00** p.m. on or before May 6, 2024.

### III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Application Review Form
- D. Program Overview
- E. Applicant Options
- F. Scope of Work
- G. Assessment
- H. Strategy Guide
- I. Workplan
- J. Training and Technical Assistance
- K. Attachments
  - 1. Workplan
  - 2. Personnel/ Position Form
  - 3. CV/Resume
  - 4. Letters of Support
  - 5. Public Health Impact Statement

## Appendix A

Reimbursement  
Type  
Select one of the  
options below:  
☐ Monthly  
OR  
☐ Quarterly

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Bureau of Health Improvement and  
Wellness

ODH Program Title:  
Creating Healthy Communities CC25

### Submission Required

See due date below.

New Applicants must submit the  
GMIS Access 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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 for a new agency, NOIAF's will not be accepted if the 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 currently have access to the ODH GMIS system? YES ☐ NO ☐

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

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Sarah Ginnetti [sarah.ginnetti@odh.ohio.gov](mailto:sarah.ginnetti@odh.ohio.gov) by **March 27, 2024**.

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.

## Appendix B

**This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.**

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

Date: \_\_\_\_\_

Check the type of access and complete the information requested: ☐ 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 Maria Kapenda, Data System Administrator, 614.620.5184

Scan and Email: [Maria.Kapenda@odh.ohio.gov](mailto:Maria.Kapenda@odh.ohio.gov)

### Appendix C. Application Review Form

Applications will be reviewed and scored by CHC program staff at ODH and external reviewers based on the review criteria provided below. Grants with scores of 70% or higher will be ranked and considered for funding.

#### Reviewer Rating Form

Applicant Agency: \_\_\_\_\_

Reviewer Number: \_\_\_\_\_

County(ies) to be Served: \_\_\_\_\_

Date: \_\_\_\_\_

Total Requested Budget: \$ \_\_\_\_\_

Section	Maximum Pts	Score	General Comments:
Program Narrative	51		
Work Plan (Assessments)	0/17/34*		
Work Plan (PSE Strategies)	75		
Budget	16		
Required Attachments	7		
<b>Total Points</b>	<b>149/166/183*</b>		

\*Max points determined based on 0, 1, or 2 assessments.

#### Scoring Criteria:

- Does Not Meet (0): Response does not comply substantially with requirements or is not provided.
- Weak (1): Response was poor related to meeting the objectives,
- Meets (2): Response generally meets the objectives (or expectations).
- Strong (3): Response significantly exceeds objectives or expectations.
- *Note: Certain subcategories cannot exceed a maximum of 2 points.*

**SVI Score of County/Community** (this will be used when scoring the workplan)

SVI Score	Application Score
0-.25	0
.251-.5	1
.51-.75	2
.76-1	3

Category	Max	Score	Comments: Strengths, Weaknesses
<b>Executive Summary</b>			
Identify if the application is for a single or multi-county jurisdiction; include rationale for this selection along with amount of funding requested.	3		
Provide a summary of the plan for 2025, including a brief overview of how activities will be carried out, including key partners and community members.	3		
<b>Executive Summary Total</b>	<b>6</b>		
<b>Description of Applicant Agency/ Documentation of Eligibility/Personnel</b>			
Adequately summarized the agency's structure and how the agency will manage the program.	3		
Noted personnel and/or equipment deficiencies.	2		
Described plans for hiring and training.	2		
Delineated all personnel who will be involved in the program activities on the grant.	3		
Described capacity to communicate in a manner easily understood by diverse audiences.	2		
<b>Description of Application Agency Total</b>	<b>12</b>		
<b>Problem/Need</b>			
Identified and clearly described the local health status concern(s) that will be addressed by the program.	3		
Local data provided. Provided national and state data if local data is not available.	3		
Explicitly describe segments of the priority population who experience a disproportionate burden of nutrition security.	3		
Explicitly describe segments of the priority population who experience a disproportionate lack of access to safe transportation and opportunities to be physically active.	3		
<b>Problem/Need Total</b>	<b>12</b>		



<b>Methodology</b>			
<b>Assessment:</b> Plan described to complete Healthy Eating and Active Living assessments. Included which assessment(s) were selected and why; which priority communities they will be conducted in; and an anticipated timeline for completion. If choosing to not conduct any new assessments in 2025 due to similar assessments being completed in the last three years, rationale is provided.	3		
<b>Priority Community Selection:</b> Described the priority communities planned to work with over the next five years, linking back to the problem/need section of the narrative. Includes a description of priority communities planned to include in the 2025 workplan, as well as any future communities the applicant anticipates working with.	3		
<b>Strategy Selection:</b> Described the process for selecting healthy eating and active living strategies for 2025, including community organizations and partners integral to accomplishing goals and objectives. Described how a change in strategies will be handled, based on shifts in community priorities.	3		
<b>Community Engagement:</b> Described how community residents will be involved in the planning, implementation, and evaluation of CHC goals and objectives.	3		
<b>Inclusion:</b> Described how groups who have traditionally been left out of community decision-making in the past (communities of color, people with low incomes, people with disabilities, etc.) will be included.	3		
<b>Other Funded Programs:</b> Describe other agencies, organizations and programs in the applicant's jurisdiction who also address the same risk factors and how CHC will collaborate and not duplicate this work.	3		
<b>Past/Current Efforts:</b> Provided a brief summary of the current efforts and progress made in the past 3 years related to successful implementation of healthy eating and active living PSE strategies.	3		
<b>Methodology Total</b>	<b>21</b>		
<b>Program Narrative Total</b>	<b>51</b>		

<b>Work Plan (Attachment 1)</b>			
<b>Healthy Eating Assessment (If applicant skips this section, do not score)</b>			
Assessment Type Selected	2		
Priority Community Identified	2		
SVI Score of county/community where the assessment is taking place	3		
Action steps are tailored to the selected assessment and are adequate to complete the assessment.	3		
Related activities are tailored to the assessment and are adequate to complete the assessment.	3		
Timeline contains specific dates and is feasible	2		
Evaluation measures match activities	2		
<b>Healthy Eating Assessment Total</b>	<b>17</b>		
<b>Active Living Assessment (If applicant skips this section, do not score)</b>			
Assessment Type Selected	2		
Priority Community Identified	2		
SVI Score of county/community where the assessment is taking place	3		
Action steps are tailored to the selected assessment and are adequate to complete the assessment.	3		
Related activities are tailored to the assessment and are adequate to complete the assessment.	3		
Timeline contains specific dates and is feasible	2		
Evaluation measures match activities	2		
<b>Active Living Assessment Total</b>	<b>17</b>		
<b>Workplan Assessment Total (circle/highlight one)</b>	<b>0</b>		
	<b>17</b>		
	<b>34</b>		

<b>Healthy Eating PSE Strategy</b>			
Strategy selected from approved list	2		
Priority community identified	2		
SVI Score of county/community where the strategy is taking place	3		
Healthy People 2030 Objectives identified	2		
Target Outcomes are identified, measurable, and point toward sustainability.	3		
Action steps are tailored to the selected strategy and are adequate to complete strategy	3		
Related activities are tailored to the selected strategy and are adequate to complete strategy	3		
Community engagement activity(ies) are tailored to the selected strategy and are adequate to complete strategy	3		
Timeline contains specific dates and is feasible	2		
Evaluation measures match activities	2		
<b>Healthy Eating PSE Strategy Total</b>	<b>25</b>		
<b>Active Living PSE Strategy</b>			
Strategy selected from approved list	2		
Priority community identified	2		
SVI Score of county/community where the strategy is taking place	3		
Healthy People 2030 Objectives identified	2		
Target Outcomes are identified, measurable, and point toward sustainability.	3		
Action steps are tailored to the selected strategy and are adequate to complete strategy	3		
Related activities are tailored to the selected strategy and are adequate to complete strategy	3		
Community engagement activity(ies) are tailored to the selected strategy and are adequate to complete strategy	3		
Timeline contains specific dates and is feasible	2		
Evaluation measures match activities	2		
<b>Active Living PSE Strategy Total</b>	<b>25</b>		

<b>Strategy #3 (Healthy Eating, Active Living, or Overarching Strategy )</b>			
Strategy selected from approved list	2		
Priority community identified	2		
SVI Score of county/community where the strategy is taking place	3		
Healthy People 2030 Objectives identified	2		
Target Outcomes are identified, measurable, and point toward sustainability.	3		
Action steps are tailored to the selected strategy and are adequate to complete strategy	3		
Related activities are tailored to the selected strategy and are adequate to complete strategy	3		
Community engagement activity(ies) are tailored to the selected strategy and are adequate to complete strategy	3		
Timeline contains specific dates and is feasible	2		
Evaluation measures match activities	2		
<b>Active Living PSE Strategy Total</b>	<b>25</b>		
<b>Work Plan (PSE Strategies) Total</b>	<b>75</b>		

<b>Budget</b>			
Does not exceed the maximum award of \$120,000	2		
Personnel and/or contracted organizations are adequate to carry out the workplan.	3		
Other direct costs, equipment, and contracts are identified and appropriate to program scope of work	3		
Adequately explains and justifies equipment, travel, supplies, and training costs	3		
Budget is reasonable and adequate to meet the goals and objectives of the project	3		
Travel included for two mandatory CHC All-Project meetings	2		
<b>Budget Total</b>	<b>16</b>		

Required Attachments			
Personnel/Position (Attachment 2)	2		
CV/Resume and Job Description (Attachment 3)	2		
Minimum of Three Letters of Support (Attachment 4)	3		
<b>Required Attachment Total</b>	<b>7</b>		

**Other**

☐ Statement of Intent to Pursue Health Equity Strategies (Attachment 5)

**Yes**

\_\_\_\_\_

**No**

\_\_\_\_\_ \*non local health districts only

## Appendix D: Program Overview

The Creating Healthy Communities (CHC) program works to improve population health while addressing health equity in populations experiencing health disparities. Applicants will be required to work on policy, systems, and environmental (PSE) change strategies that address increasing access to healthy foods and opportunities for active living. [Healthy People 2030](#) (HP 2030) serves as guidance for program outcomes.

### Healthy People 2030

HP 2030 provides 10-year, measurable public health objectives, with a mission *to promote, strengthen, and evaluate the nation's efforts to improve the health and well-being of all people*. HP 2030's vision is *A society in which all people can achieve their full potential for health and well-being across the lifespan*.

The table below lists HP 2030 objectives relevant to CHC:

Objective	Objective #
<a href="#">Reduce the proportion of adults with obesity</a>	NWS-03
<a href="#">Reduce the proportion of children and adolescents with obesity</a>	NWS-04
<a href="#">Reduce household food insecurity and hunger</a>	NWS-01
<a href="#">Increase fruit consumption by people aged 2 years and over</a>	NWS-06
<a href="#">Increase vegetable consumption by people aged 2 years and older</a>	NWS-07
<a href="#">Increase whole grain consumption by people aged 2 years and over</a>	NWS-09
<a href="#">Reduce consumption of added sugars by people aged 2 years and over</a>	NWS-10
<a href="#">Reduce consumption of saturated fat by people aged 2 years and over</a>	NWS-11
<a href="#">Reduce consumption of sodium by people aged 2 years and over</a>	NWS-12
<a href="#">Increase the proportion of adults who do enough aerobic and muscle-strengthening activity</a>	PA-05
<a href="#">Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity</a>	PA-08
<a href="#">Increase the proportion of adults who walk or bike to get places</a>	PA-10
<a href="#">Increase the proportion of adolescents who walk or bike to get places</a>	PA-11

### Policy, Systems and Environmental Change

Policy, systems and environmental (PSE) change approaches seek to go beyond programming and into the systems that create the structures in which we work, live and play. These approaches often work hand-in-hand, and the process is not linear. PSE change strategies are designed to promote healthy behaviors by making healthy choices readily available and easily accessible in the community. PSE change strategies are designed with sustainability in mind.

#### Resources

- [What Is PSE Change?](#)
- [Rural Health Info Hub: PSE Change](#)
- [SNAP-Ed: What is PSE Change?](#)
- [Illinois Prevention Research Center: Policy, Systems, and Environmental Change](#)

## **Appendix E: Applicant Options**

- **Single-County/City Applicant**

- As defined on page 4, all funded projects are expected to work in communities with a high SVI score and/or other demonstrated need. Applications may include a single county or jurisdiction project area, and the application should define the project area, such as county, city, township, census tract(s), census block group(s), or census block(s).
- Single County applicants will complete all workplan requirements outlined in Appendix I.

- **Multi-County Applicants**

- As defined on page 4, all funded projects are expected to work in communities with a high SVI score and/or other demonstrated need. Applications may include a multi-county project area, and the application should define the project area, such as county, city, township, census tract(s), census block group(s), or census block(s).
- Multi-County applicants are required to identify specific priority communities in each county and describe how the scope of work and budget will be distributed to each county. The funding maximum for a multi-county applicant is \$120,000.
- Multi-County applicants will complete all workplan requirements outlined in Appendix I between the two jurisdictions. Each jurisdiction is not required to complete the full scope of a single county applicant.
- The applicant agency will be designated as the 'lead' and will be responsible for ensuring the partner agency/county fulfills their part of the workplan.
- A letter of support from the partner county local health department(s) is required.
- Example strategies for multi-county applicants can include regional transportation plans and regional food policy or systems work. However, strategies listed in the strategy guide (Appendix H) can be completed in one jurisdiction/county under multi-county applications.

## Appendix F: Scope of Work

### Staffing Requirement

- CHC applicants are required to identify a lead CHC Coordinator who will be responsible for adherence to grant requirements, including but not limited to, oversight on implementation of workplan activities, attendance at mandatory meetings and conference calls, submission of quarterly reports, and maintaining regular communication with their designated ODH program consultant.
- It is encouraged, but not required, that the CHC Coordinator be full-time (as designated by the applicant agency's internal policies). If the CHC Coordinator is not full-time, then grant funds should be put towards assistance from other staff, and/or contracted assistance from other community-based organizations, such as a regional planning organization, or individual community members (i.e community ambassadors) who will be responsible for helping to complete workplan activities.

### Priority Communities

All grantees are required to complete strategies in CHC priority communities. A priority community is defined as a specific group of people, often living in a defined geographical area (Ohio Health Improvement Zones, city or county jurisdiction, villages, townships, zip codes, census tracts, or school districts). Selection of priority communities should consider the following variables: presence of health inequities, readiness of the priority community to advance change, and organizational partners have resources and the ability to contribute to the work. Resources for determining priority communities are listed below:

- [Ohio Health Improvement Zones](#): Applicants will be required to indicate the SVI score of each selected priority community within the workplan and will be scored based on the following criteria for each strategy.

SVI Score	Application Score
0-.25	0
.2501-.5	1
.501-.75	2
.7501-1	3

- [Social Determinants of Health Dashboard](#).
- [CDC Health Equity Webpage](#).
- [County Health Rankings](#).
- [Feeding America- Food Insecurity Data](#).
- [CDC Social Vulnerability Index](#).
- [Health Equity Tracker](#).

All grantees are approved to use their entire jurisdiction as one of their priority communities. Applicants are not restricted to any specific number of priority communities throughout the grant cycle. Single county applicants must work with at least one priority community per year. Multi-county applicants must work with at least one priority community per county per year. Priority communities may change throughout the grant cycle, but grantees must consult with ODH before making any changes to the scope of work.



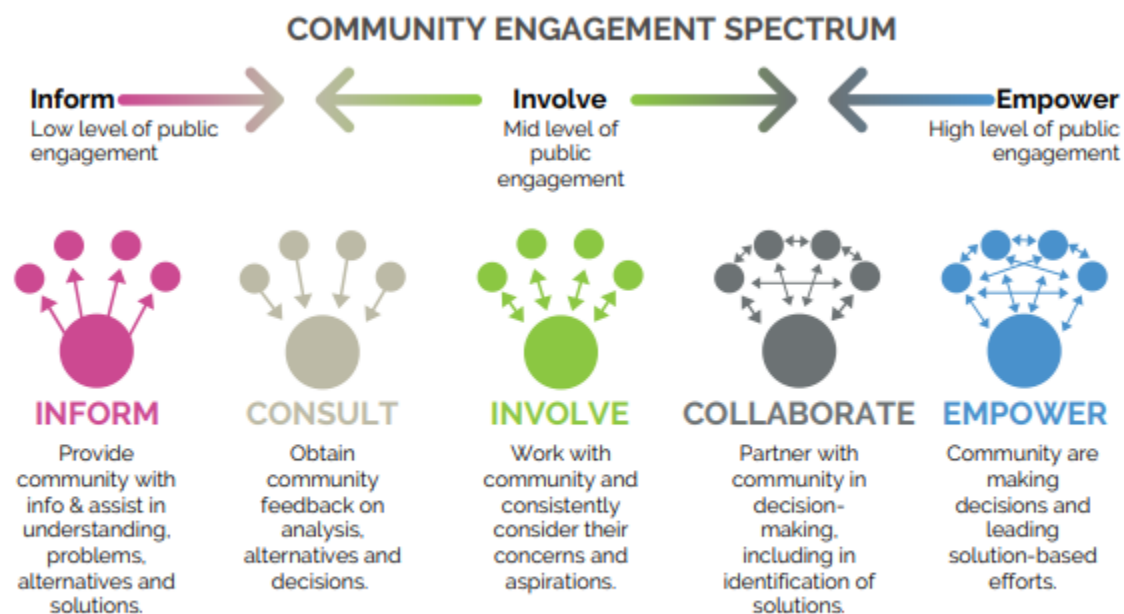
## Community Engagement

- CHC Coordinators should facilitate and/or participate in diverse and inclusive coalition(s) of residents and organizations representing priority communities to collaborate toward completion of workplan activities.
- CHC Coordinators are not required to lead a coalition but should be involved in various community groups and foster relationships with residents and/or people who represent CHC priority communities.
- Community engagement activities should be included in each workplan strategy.

***Community engagement is about ensuring that those most impacted by challenges and inequity have an equal voice in designing and implementing solutions. The active participation of residents and their families, partners and trusted leaders is an integral part of community engagement practices to achieve better results. Engaging community residents will encourage them to own the solutions and will lead to a better impact, sustainability, and ongoing civic engagement.***

Community engagement is driven by the residents. A community with unified residents is a powerful vehicle. It inspires changes that will improve the health of its residents. Residents who have similar interests or situations can address issues that affect their neighborhood's well-being. In community engagement, public health departments and other agencies work collaboratively on community-driven projects. These grassroots approaches are meant to let residents tackle community issues using their own united voice and actions. When an agency works with residents, it increases the likelihood of their buy-in and ongoing efforts. The group forms solutions that are practical, effective, and rooted in the realities of the community. Being in control places community residents in a position to feel empowered as they build leadership, local capacity, and trust. Inclusion and involvement in decision making supports empowering community members to improve the conditions of their community.

Source: <https://centerforwellnessandnutrition.org/community-engagement-toolkit/>



\*Based on the IAP2® Public Participation Spectrum, developed by the International Association for Public Participation, 2014  
[http://cymcdn.com/sites/www.iap2.org/resource/resmgr/foundations\\_course/IAP2\\_P2\\_Spectrum\\_FINAL.pdf](http://cymcdn.com/sites/www.iap2.org/resource/resmgr/foundations_course/IAP2_P2_Spectrum_FINAL.pdf)

## **Community Engagement Resources**

- [Center for Wellness and Nutrition's Community Engagement Toolkit.](#)
- [Changelab Solutions Planner's Playbook.](#)
- [Safe Routes Partnership Community Engagement Guide.](#)
- [Working Toward Food Security Through Community Engagement.](#)
- [Race Forward/Racial Equity Tools on Community Engagement.](#)
- [Community Commons-Engaging People with Lived Experience Toolkit.](#)
- [Nemours-Lived Experience: The Practice of Engagement in Policy.](#)
- [Community Ambassador Resource Guide](#)

## **Disability Inclusion**

The Creating Healthy Communities program recognizes the importance of working with individuals with disabilities, whether physical, intellectual, or other. CHC works with the [Ohio Disability and Health Program](#) to provide additional technical assistance and resources on disability inclusion work related to CHC. Within community coalitions, it is highly recommended for people with disabilities to be present and provide input on CHC projects.

### **Inclusion Resources**

- [Disability Inclusion FAQ](#)
- [Community Health Inclusion Index \(CHII\)](#)
- [Health Equity Guiding Principles for Inclusive Communication](#)

## **Year End Requirements.**

- Submission of an annual success story on a completed project.
- Completed leveraged funding form.
- Submission of potential reach data.

## Appendix G: Assessment

Year one of the 2025-2029 CHC grant cycle will focus heavily on assessing the community to ensure a thoughtful and community-led approach to increasing access to healthy food and opportunities for active living over the course of the five-year grant cycle. It is recommended that each applicant proposes to complete one Healthy Eating and one Active Living assessment in 2025 from the approved list below. However, if a similar assessment was completed in the last three years, applicants may submit assessment results and justification for not needing to complete an additional assessment.

- **Healthy Eating Assessment**

- [Local Foods Local Places Toolkit](#)
  - See Appendix A, Community Self-Assessment.
- [Voices for Food, Food Council Creation Guide.](#)
  - See Appendix C, Guide to Community Food Assessments. Recommended for communities with an existing local food council or interest in forming one.
- [PSE Assessment](#), Healthy Eating section
  - For previous CHC or HEAL funded communities, the assessment must be in a different priority community than previously conducted or significant change has occurred since the last PSE Assessment was complete.

- **Active Living Assessment**

- [Active Communities Tool](#)
  - Complete at least one module from 'Activity Friendly Routes' (Module 1-3) and at least one module from 'Everyday Destinations' (Module 4-6)
- [PSE Assessment](#), Physical Activity section
  - For previous CHC or HEAL funded communities, the assessment must be in a different priority community than previously conducted or significant change has occurred since the last PSE Assessment was complete.

## Appendix H: Strategy Guide

Healthy Eating			
Main Strategy	Strategy Suggestions (not an exhaustive list)	Resources	Budget Item Suggestions (not an exhaustive list)
<b>Community Gardens</b>	<p>Community gardens can take many shapes and forms. From a 50-by-50-foot church garden that supplies a local food pantry with fresh produce to a vacant city lot divided into plots and gardened by neighbors, community gardens reflect the needs and the desires of people directly involved in their management and upkeep. Suggestions for strategy implementation include:</p> <ul style="list-style-type: none"> <li>• Implementing season extension supplies (i.e., high tunnels/hoop houses).</li> <li>• Creating new community gardens.</li> <li>• Expanding/improving existing community gardens</li> <li>• Ensuring gardens are inclusive to people with disabilities and/or mobility issues.</li> <li>• Developing gardens for specific populations (i.e. school gardens, gardens at shelters or facilities, teen gardening program, etc.).</li> <li>• Implementing hydroponic gardens for year-round use.</li> <li>• Implementing container/porch gardens.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Food Safety in gardens.</a></li> <li>• <a href="#">AARP Community Gardens Toolkit.</a></li> <li>• <a href="#">AARP Community Gardens Worksheets.</a></li> <li>• <a href="#">Ohio Gardening Calendar.</a></li> <li>• <a href="#">Culturally Inclusive Teaching in the Garden Webinar Series.</a></li> <li>• <a href="#">OSU Extension Community Garden Start Up Guide.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Seeds, starter plants.</li> <li>• Small gardening tools (shovels, etc.).</li> <li>• Garden hose, rain barrels.</li> <li>• Water line.</li> <li>• Lumber for raised beds.</li> <li>• Soil.</li> <li>• Season extension supplies.</li> <li>• Protective fencing.</li> <li>• Garden supply storage.</li> <li>• Hydroponic equipment.</li> <li>• Contract with local organization/master gardener to run/oversee garden work.</li> </ul>
<b>Community Supported Agriculture (CSA)</b>	<p>A system that connects the producer and consumers within the food system more closely by allowing the consumer to subscribe to the harvest of a certain farm or group of farms. Consumers pay in advance for a weekly/bi-weekly share of the harvest through the growing season. CSA subscriptions can be set up to accept SNAP as a form of payment. Suggestions for strategy implementation include:</p> <ul style="list-style-type: none"> <li>• Subsidized memberships.</li> <li>• Enable SNAP acceptance with CSA.</li> <li>• Connect farmers with organizations to promote CSA.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">CSA Resource Guide.</a></li> <li>• <a href="#">USDA CSA Resources.</a></li> <li>• <a href="#">CSA: What is in it for me?</a></li> </ul>	<ul style="list-style-type: none"> <li>• Advertising.</li> <li>• Bins/boxes for storage.</li> <li>• Refrigeration for transporting goods.</li> <li>• Contract with partner organization.</li> </ul>

<b>Farmers' Market</b>	<p>A farmers' market is a public and recurring assembly of farmers or their representatives selling the food that they produced directly to consumers. Implementing this strategy could include tasks such as:</p> <ul style="list-style-type: none"> <li>• Setting up EBT machine or POS system to accept SNAP, Produce Perks, WIC, and Senior Vouchers.</li> <li>• Creating a new farmers' market or expand an existing one (including promotion).</li> <li>• Establishing a mobile farmers' market (produce van).</li> <li>• Establishing a mobile ordering for farmers' market.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">ODJFS SNAP Application.</a></li> <li>• <a href="#">Accepting SNAP Benefits at Ohio Farmers Markets.</a></li> <li>• <a href="#">Management of Nutrition Incentives at Farmers' Markets.</a></li> <li>• <a href="#">Types of Nutrition Incentives Offered at Ohio Farmers Markets and How They Are Funded.</a></li> <li>• <a href="#">Farmers' Market Resource Library.</a></li> <li>• <a href="#">Veggie Van Training Center.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Signage.</li> <li>• Advertising.</li> <li>• Produce stands/baskets.</li> <li>• Shelving.</li> <li>• EBT machine or POS system to accept SNAP.</li> <li>• Tents, tables, refrigerated bags (no logos).</li> <li>• Portable handwashing stations.</li> </ul>
<b>Farm to Institution</b>	<p>Programs and policies that support sourcing local and regional foods for schools, hospitals, faith-based organizations, worksites, and other public service venues that can benefit institutional customers and their families, farmers, the local community, and the economy. Suggestions for strategy implementation include:</p> <ul style="list-style-type: none"> <li>• Farm to School.</li> <li>• Farm to Early Childcare Education (ECE) Centers.</li> <li>• Farm to Institution (worksite, hospital, etc).</li> <li>• Farm to Pantry.</li> <li>• Establishing micro-farm onsite.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Farm to School USDA Fact Sheets.</a></li> <li>• <a href="#">Farm to ECE State Resource Directory.</a></li> <li>• <a href="#">USDA Procuring Local Foods Guide for Farm to School.</a></li> <li>• <a href="#">Ohio Farm to School – OSU Extension.</a></li> <li>• <a href="#">Farm to Preschool Toolkit.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Food service equipment.</li> <li>• Garden supplies (see community gardens).</li> <li>• Signage.</li> <li>• Contract for mileage/drive time to transport produce.</li> </ul>
<b>Food Access Policy and Planning</b>	<p>Transforms the local food systems by working on the following: identifying and filling gaps in local food system infrastructure and promoting a policy landscape that cultivates sustainable, equitable local food systems. Strategy ideas include:</p> <ul style="list-style-type: none"> <li>• Develop a local food coalition/council.</li> <li>• Include local governments in advancement and support of local food planning.</li> <li>• Community food assessments.</li> <li>• Local food plan development.</li> <li>• Local food policy implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Columbus &amp; Franklin County Local Food Action Plan.</a></li> <li>• <a href="#">Local Food Council Formation Planning Guide- OSU Extension.</a></li> <li>• <a href="#">Voices for Food, Food Council Creation Guide.</a></li> <li>• <a href="#">Municipal Implementation Tool – Food System Planning.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Printing for maps/lists of local food access locations.</li> <li>• Contract with local food access agencies/partners.</li> <li>• Materials for community engagement.</li> </ul>

<b>Food Banks/Pantries</b>	<p>A food pantry is an individual site that distributes food directly to those in need who reside in a specified area. A food pantry often is a member agency of, and obtains food from, a food bank. The client choice pantry model allows clients to select their food from the pantry's food stock instead of receiving a pre-packed or standard bag of groceries. Strategy ideas include:</p> <ul style="list-style-type: none"> <li>• Expanding food availability through purchase of refrigeration/freezer units, produce stands/baskets, shelving.</li> <li>• Converting an existing pantry to a client-choice model.</li> <li>• Establishing a new client choice food pantry.</li> <li>• Developing a food bank nutrition policy (see FSG strategy below).</li> <li>• Implementing a food pantry for designated populations- (e.g., students facing food insecurity, senior center pantry, etc.).</li> <li>• Establishing travel/Pop-up pantry/Blessing boxes.</li> <li>• Facilitating culinary training programs and community kitchens, promoting food access, nutrition, and shared skills.</li> <li>• Cooking demonstrations to engage the community and make food more accessible to recipients from different cultures.</li> <li>• Setting up a food rescue program.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Healthy Eating Research (HER) Nutrition Guidelines for the Charitable Food System.</a></li> <li>• <a href="#">HER Guidelines Summary Table.</a></li> <li>• <a href="#">Supporting Wellness at Pantries (SWAP) Resources.</a></li> <li>• <a href="#">Feeding America.</a></li> <li>• <a href="#">Ohio Association of Foodbanks.</a></li> <li>• <a href="#">Cultural Food Preferences in Food Service.</a></li> <li>• <a href="#">Guidelines to Help Categorize Food.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Signage.</li> <li>• Advertising.</li> <li>• Produce stands/baskets.</li> <li>• Shelving.</li> <li>• Refrigerators/freezers.</li> <li>• Shopping carts (for client choice).</li> <li>• Supporting Wellness at Pantries (SWAP) promotional materials.</li> </ul>
<b>Food Service Guidelines (FSG)</b>	<p>Improving food and beverage offerings in vending machines, catered meetings, cafés, cafeterias, snack carts, micro markets, or charitable food system procurement in various settings through adoption of food and beverage guidelines policies.</p> <ul style="list-style-type: none"> <li>• Healthy vending options in worksite or community setting (libraries, parks &amp; recreation facilities, higher education campuses, museums, hospitals, city &amp; county buildings, etc.).</li> <li>• Nutrition standards in correction facilities (e.g., commissary options, vending).</li> <li>• Nutrition standards at concession stands (sporting events, pools, etc.).</li> <li>• Healthier catering or healthy meetings.</li> <li>• Nutrition standards at food banks/pantries.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Good Food Here (GFH) Toolkits.</a></li> <li>• <a href="#">FSG for federal facilities toolkit.</a></li> <li>• <a href="#">A Roadmap for Comprehensive Food Service Guidelines.</a></li> <li>• <a href="#">CSPI FSG Resource Page.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Food service equipment.</li> <li>• Vending machine equipment.</li> <li>• Refrigeration unit.</li> <li>• Water bottle filling station.</li> <li>• Retro-fit faucet for water fountains.</li> <li>• Shelving.</li> <li>• Bins.</li> <li>• Produce displays.</li> <li>• Signage (check with ODH first for GFH materials).</li> <li>• Taste tests items for employees and/or customers (i.e. food purchased specifically for taste test, food prep gloves, serving items such as cups or plates, etc.).</li> </ul>

<b>Healthy Food Retail</b>	<p>A retail store that sells nutritious food such as fruits and vegetables (fresh, canned, and frozen), whole grains, lean meats, and low-fat dairy. Healthy food retail interventions can include:</p> <ul style="list-style-type: none"> <li>• Expanding food availability through purchase of refrigeration or freezer units, produce stands/baskets, shelving, etc.</li> <li>• Setting up EBT machine or POS system to accept SNAP.</li> <li>• Developing a sustainable method for distribution of fresh produce at corner stores.</li> <li>• Implementing a healthy checkout lane.</li> <li>• Increasing accessibility to store (awnings, doors to accommodate wheelchairs, etc.).</li> <li>• Assisting in opening a new grocery store (grant writing, community engagement, partnership development, etc.).</li> <li>• Working with stores to set up nutrition incentives.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Bringing Nutrition Incentives to Corner Stores.</a></li> <li>• <a href="#">Sell Healthy Guide.</a></li> <li>• <a href="#">CDC’s Healthy Food Retail Action Guide.</a></li> <li>• <a href="#">PRCHN Healthy Food Retail Implementation Guide.</a></li> <li>• <a href="#">Public Policy and the Grocery Store: Improving Access to Healthy Foods - A Toolkit for Advocates.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Signage.</li> <li>• Advertising.</li> <li>• Refrigeration/freezer units.</li> <li>• Produce stands/baskets.</li> <li>• Shelving.</li> <li>• Lighting improvements.</li> <li>• New store awning (to eliminate awnings that have unhealthy food advertising).</li> <li>• EBT machine or POS system to accept SNAP.</li> <li>• Flowers, landscaping for beautification.</li> <li>• Upgrade to food service license for prepared foods.</li> <li>• Contract w/ local artist for mural on side of store (This could be painted by a volunteer, but funds could be used to purchase paint/mural supplies).</li> </ul>
<b>Nutrition Incentives</b>	<p>Nutrition incentives provide extra food dollars to help low-income shoppers purchase more fruits and vegetables. In Ohio, the nutrition incentive program is Produce Perks, managed by <a href="#">Produce Perks Midwest</a> (PPM). Produce Perks provides a \$25 match on SNAP/EBT purchases of fruits and vegetables at participating farmers’ markets and grocery stores across the state. Example strategies include:</p> <ul style="list-style-type: none"> <li>• Work with farmers’ market(s) and PPM to establish the Produce Perks program at the farmers’ market.</li> <li>• Work with brick-and-mortar store(s) and PPM to establish the Produce Perks program at the store.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Introduction to Nutrition Incentives.</a></li> <li>• <a href="#">Marketing and Promotion of Nutrition Incentives.</a></li> <li>• <a href="#">Management of Nutrition Incentives at Farmers’ Markets.</a></li> <li>• <a href="#">Types of Nutrition Incentives Offered at Ohio Farmers Markets and How They Are Funded.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Signage.</li> <li>• Advertising.</li> <li>• EBT machine or POS system to accept SNAP.</li> <li>• Contract with partner organization.</li> </ul> <p>*CHC funds may not be used for fruit and vegetable incentives.</p>
<b>Produce Prescriptions</b>	<p>Produce Prescription Programs leverage clinical care systems to improve the health of patients diagnosed with chronic diet-related disease by increasing access to healthy foods and providing healthy eating and nutrition counseling. The program allows practitioners to “prescribe” fruits and vegetables for select patients, redeemable at participating farmers’ markets and grocery retail.</p>	<ul style="list-style-type: none"> <li>• <a href="#">Rural Produce Prescription Toolkit.</a></li> <li>• <a href="#">Food Rx Replication Guide for Health Centers.</a></li> <li>• <a href="#">Promising Practices: Implementing a Produce Prescription Program in the Health Care Setting.</a></li> <li>• <a href="#">Wholesome Wave: FED Principle.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Printing for educational materials, vouchers, signage.</li> <li>• Contract with local agency/medical center to implement program.</li> </ul> <p>*CHC funds may not be used for fruit and vegetable prescriptions.</p>



<b>Safe Routes to Healthy Food</b>	<p>Helping communities become places where it is easy and safe for people to walk, bike, or use public transit to buy and obtain healthy food. Example strategies include:</p> <ul style="list-style-type: none"> <li>• Work with local transit agencies to improve healthy food access (improved routes, etc.).</li> <li>• Additions of grocery stores or markets in walkable/bikeable areas</li> <li>• Improvement to walkability and/or bikeability to a grocery store.</li> <li>• Transportation to farmers' markets.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Safe Routes to Healthy Food FAQ.</a></li> <li>• <a href="#">Safe Routes to Healthy Food Overview.</a></li> <li>• <a href="#">Safe Routes to Healthy Food Report and Action Agenda.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Paint (cross walks).</li> <li>• Signage.</li> <li>• Healthy food access map development, printing.</li> <li>• Walk audit materials.</li> <li>• Bike racks for in front of the store.</li> </ul>
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Active Living			
Main Strategy	Strategy Suggestions	Resources	Budget Item Suggestions
<b>Active Commute Support</b>	<p>This strategy focuses on supporting and encouraging active commute (walking, biking, rolling, public transit) to everyday destinations such as work, retail, or services. Suggestions for strategy implementation include:</p> <ul style="list-style-type: none"> <li>• Travel Ambassador Program.</li> <li>• Convenient, covered, and secure bicycle parking.</li> <li>• Bicycle repair stands, tools, and tire pumps are available at the place of business.</li> <li>• Access to changing rooms, lockers, and showers.</li> <li>• Sidewalks, pathways, and bicycle routes leading to the worksite. These should focus on connecting to existing infrastructure to make it easier and safer for active commute.</li> <li>• Worksite-specific bike share programs.</li> <li>• Create an active commute policy with the employer. This can include flexible start times, allowing bicycle parking indoors, or other employee-sponsored incentives for active commute.</li> <li>• Create an Emergency Ride Home program. Such a program can be used to guarantee a ride home, at no extra cost, for an employee that walked, biked, or used transit to get to work but is unable to do so on the way home.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Worksite Active Commute Support.</a></li> <li>• <a href="#">Best Practices for Bike Parking, Association of Pedestrian and Bicycle Professionals.</a></li> <li>• <a href="#">Gohio Commute Emergency Ride Home program.</a></li> <li>• <a href="#">Travel Ambassador Toolkit</a></li> </ul>	<ul style="list-style-type: none"> <li>• American League of Bicyclist designations application fee.</li> <li>• Bike racks.</li> <li>• Bike shelters.</li> <li>• Bike lockers.</li> <li>• Fix-it stations.</li> <li>• Bike-to-Work day event supplies.</li> <li>• Worksite lockers.</li> </ul>



<b>Active Transportation Planning</b>	<p>Active Transportation Plans (ATP) are a tool to help communities determine current gaps in the pedestrian and bicycle network and determine short and long-term improvements to the network. ATPs can be created at the local, county, or regional level depending on the context of your community. ATPs are also typically required to apply for many transportation grants. There are other types of plans, listed below, that also address safety and the bicycle and pedestrian network in your community. Strategies include the following:</p> <ul style="list-style-type: none"> <li>• Create an ATP which includes existing conditions, community engagement, and recommendations for both infrastructure and non-infrastructure.</li> <li>• Master Plan development (including feasibility studies, focus groups, reports, forecasting, etc.). There should be a section focusing on AT planning.</li> <li>• Vision Zero Plan.</li> <li>• Safe Streets and Roads for All (SS4A) Safety Action Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Active Transportation Planning.</a></li> <li>• <a href="#">ODOT Active Transportation Development Guide.</a></li> <li>• <a href="#">Fostering Healthy Communities through Planning and Public Health Collaboration.</a></li> <li>• <a href="#">Marion County AT Concepts Map and Memorandum.</a></li> <li>• <a href="#">Mid-Ohio Regional Planning Commission (MORPC) ATP.</a></li> <li>• <a href="#">Meigs County ATP.</a></li> <li>• <a href="#">Lawrence County Bicycle &amp; Pedestrian Plan.</a></li> <li>• <a href="#">Newark-Heath ATP.</a></li> <li>• <a href="#">Knox County ATP.</a></li> <li>• <a href="#">Huron County ATP.</a></li> <li>• <a href="#">Dayton ATP.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Contracts with local MPO or planning organization or consultant.</li> <li>• Local workshops.</li> <li>• Roadway safety studies.</li> </ul>
<b>Bike Share</b>	<p>This strategy is focused on creating a bike share system within your community. There are several different bike share models, so it's recommended to research each and work with your community to pick the right fit. Potential models include:</p> <ul style="list-style-type: none"> <li>• 'Book a Bike' typically run by a local library or other partner.</li> <li>• Docked systems.</li> <li>• Dockless systems.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Bike Libraries.</a></li> <li>• <a href="#">Better Bike Share Partnership.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Bikes.</li> <li>• Bike racks* and locks for storage.</li> <li>• Bikeshare software.</li> <li>• Helmets.</li> <li>• Bike baskets or trailers.</li> </ul>
<b>Complete Streets (CS) Policy</b>	<p>Complete Streets policies can be at the local, county, or regional level and are created to ensure that all current and potential future users of a road are considered when newly constructing or performing maintenance projects. Complete Streets policies are sensitive to the local context. Voices that should be included in developing the policy include residents, city staff (engineering, public works, planning/ development), elected officials, people with disabilities, and people who have been traditionally left out of decision-making.</p>	<ul style="list-style-type: none"> <li>• <a href="#">Complete Streets Policy.</a></li> <li>• <a href="#">A Guide to Building Healthy Streets.</a></li> <li>• <a href="#">National Complete Streets Coalition.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Contracts with local MPO or planning organization or consultant.</li> <li>• Materials for community engagement.</li> <li>• Local workshops.</li> <li>• Supplies for demonstration projects.</li> </ul>

<b>Land Use Policy</b>	<p>Land use and zoning can impact the built environment of an area, thus making it either easier or more difficult to walk and bike places or access amenities such as parks. These strategies may take several years to fully complete and can include the following:</p> <ul style="list-style-type: none"> <li>• Developing a Comprehensive Plan or a full zoning code update.</li> <li>• Reviewing existing code to assess the impact on active living and health.</li> <li>• Implementing zoning code changes that prioritize compact, walkable development.</li> <li>• Updating parking codes to be more pedestrian and bike friendly (bicycle parking minimums, car parking maximums).</li> <li>• Addressing ordinances or codes, such as subdivision or downtown districts, to ensure compliance with a CS Policy.</li> <li>• Developing new design standards for development.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Zoning 101 fact sheet.</a></li> <li>• <a href="#">Land Use and Health Best Practices Report.</a></li> <li>• <a href="#">Land Use and Health Implementation Guide.</a></li> <li>• <a href="#">Fostering Healthy Communities through Planning and Public Health Collaboration.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Contract for planning or zoning code re-write.</li> </ul>
<b>Multiuse trails</b>	<p>This strategy is intended to provide supporting infrastructure for multi-use trails. These supports should help in making the trail more accessible and easier to use or navigate. Multi-use trail projects should focus on areas that enhance connectivity to everyday destinations, or that enhance opportunities for physical activity at destinations. Specific activities can include:</p> <ul style="list-style-type: none"> <li>• Grant application assistance for multi-use trails.</li> <li>• Assessment of existing trail network and usage and identification of where gaps exist.</li> <li>• Identification and installation of trail supportive infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">ODOT Multi-Modal Design Guide-- Ch. 5: Shared Use Paths.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Trail counters for evaluation.</li> <li>• Signage.</li> <li>• Wayfinding.</li> <li>• Rest and hydration stations.</li> <li>• Lighting.</li> </ul> <p>*CHC funds may not be used for materials or construction of trails.</p>
<b>Parks and Playground</b>	<p>A public space within the local community for people of all ages to enjoy outdoor recreation. Specific activities may include:</p> <ul style="list-style-type: none"> <li>• Establishment of a new park or playground which could be for a specific use (i.e. bike or skateboard park, basketball court).</li> <li>• Completing updates to an existing park or playground. This can include new playground equipment, surfacing, lighting, or sunshades.</li> <li>• Focus on enhancements that are inclusive of all ages and abilities.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Park Access and Inclusion.</a></li> <li>• <a href="#">National Recreation and Park Association (NRPA) Resource on Evaluating Parks.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Playground Equipment.</li> <li>• Water Fountains.</li> <li>• Trash Cans.</li> <li>• Benches.</li> <li>• Lighting.</li> <li>• Shade structure.</li> <li>• Fencing.</li> </ul>

<b>Public Transit</b>	<p>The public transit strategy can cover the traditional fixed-route system, paratransit, or on-demand public transportation. Strategies should work to increase access to transit, whether that’s impacting the supporting infrastructure or working to make routes more accessible. Activities include:</p> <ul style="list-style-type: none"> <li>• Demonstration projects for safe access to transit.</li> <li>• Bus stop improvements.</li> <li>• Bus stop audits and improvement plans.</li> <li>• Bus route improvements to increase access or increase the destinations reached (i.e. food, healthcare, workplace).</li> <li>• Convenient, comfortable public transit with accommodations for taking bicycles on the bus.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Public Transit Improvements.</a></li> <li>• <a href="#">Transit Best Practices Report.</a></li> <li>• <a href="#">Transit Implementation Guide.</a></li> <li>• <a href="#">Transit Center Bus Stop Design Guide.</a></li> <li>• <a href="#">Public Right of Way Accessibility Guidelines (PROWAG) Standards for Accessible Bus Stops.</a></li> <li>• <a href="#">Americans with Disabilities Act (ADA) Standards for Public Transportation Facilities.</a></li> <li>• <a href="#">National Association of City Transportation Officials Passenger Information and Wayfinding.</a></li> <li>• <a href="#">ODOT Multi-Modal Design Guide Ch.10: Transit Facilities.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Demonstration project supplies (paint, potted plants, etc) for safe access to a transit stop.</li> <li>• Signage.</li> <li>• Wayfinding.</li> <li>• Benches for bus stop.</li> <li>• Lighting.</li> <li>• Bike racks for front of buses.</li> </ul>
<b>Safe Routes to Schools (SRTS)</b>	<p>SRTS strategies are focused specifically on addressing barriers to walking or biking to school. Typically, these consist of infrastructure (safe crossings, sidewalks, lighting, etc.) and non-infrastructure programs (walking school bus or bike train). CHC activities may include:</p> <ul style="list-style-type: none"> <li>• Assistance with the development of a School Travel Plan (STP).</li> <li>• Assisting with an application to the ODOT SRTS funding for either infrastructure or non-infrastructure projects.</li> <li>• Infrastructure change—crossings, road diet, designated bike parking at the school.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Safe Routes to School.</a></li> <li>• <a href="#">ODOT- SRTS website.</a></li> </ul> <p>Please visit the information page on ODOT’s website for more information about the program and their funding assistance.</p>	<ul style="list-style-type: none"> <li>• Walk/Bike to school supplies (reflective vests, signage).</li> <li>• Bikes to raffle off.</li> <li>• Helmets.</li> <li>• Contract for STP development.</li> <li>• Demonstration project supplies.</li> <li>• Bike racks for school.</li> <li>• Supplies for STP engagement (large maps/ foam boards, sidewalk chalk, etc.).</li> </ul> <p>*CHC funds may not be used for materials or construction of sidewalks, trails, or other permanent infrastructure.</p>
<b>Shared Use</b>	<p>Shared Use policies are agreements with a school, church, or other entity that allow for public use of recreation facilities such as playgrounds, sports fields, or gymnasiums. The policy outlines the rules around shared use, including eligible activities and times the facilities are open to the public. CHC activities may include:</p> <ul style="list-style-type: none"> <li>• Creating MOU with a school, church, or other entity that owns the shared use property.</li> <li>• Create a “lending library” of sports equipment to use at the shared-use facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Change Lab Solutions Shared Use Playbook.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Physical activity supplies such as sports equipment (sports balls, rackets, etc.).</li> </ul>

<b>Supportive Bicycle Infrastructure</b>	<p>This strategy refers to smaller-scale additions that supplements larger trail or bike infrastructure projects that are either already constructed or underway. Some strategy ideas are:</p> <ul style="list-style-type: none"> <li>• Bike racks, or safe and convenient bicycle parking.</li> <li>• Striping bike lanes.</li> <li>• Signage and wayfinding.</li> <li>• Fix-it Stations.</li> <li>• Demonstration projects.</li> <li>• Assisting with grant applications that fund bicycle infrastructure projects such as trails, protected bike lanes, or other safe, separated bicycle infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Bike Infrastructure.</a></li> <li>• <a href="#">Wayfinding FAQ.</a></li> <li>• <a href="#">Best Practices for Bike Parking-- Association of Pedestrian and Bicycle Professionals.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Bike racks.</li> <li>• Demonstration project supplies (paint, potted plants, etc).</li> <li>• Paint for striping bike lanes.</li> <li>• Signage and wayfinding.</li> </ul> <p>*CHC funds may not be used for materials or construction of bicycle infrastructure such as trails or shared use paths.</p>
<b>Supportive Pedestrian Infrastructure</b>	<p>This strategy refers to smaller-scale additions that supplements larger sidewalk or other pedestrian projects that are either already constructed or underway. Some strategy ideas are:</p> <ul style="list-style-type: none"> <li>• Wayfinding and signage.</li> <li>• Demonstration project.</li> <li>• Shoulders or pedestrian lanes.</li> <li>• Shared streets.</li> <li>• Streetscapes.</li> <li>• Road crossing safety- crosswalks, pedestrian signs, flashing beacons, traffic signals, intersection geometry, curb extensions, pedestrian crossing islands, and raised crosswalks.</li> <li>• Assist with applications for grants that fund pedestrian infrastructure improvements such as sidewalks or curb cuts and other improvements for ADA accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Pedestrian Infrastructure.</a></li> <li>• <a href="#">Wayfinding FAQ.</a></li> <li>• <a href="#">ODOT Multi-Modal Design Guide-- Ch. 4: Pedestrian Facilities.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Paint for striping crosswalks, shoulders, or pedestrian lanes.</li> <li>• Signage.</li> <li>• Wayfinding.</li> <li>• Demonstration project supplies (paint, potted plants, etc.).</li> <li>• Lighting.</li> </ul> <p>*CHC funds may not be used for materials or construction of pedestrian infrastructure such as sidewalks.</p>

Overarching			
Main Strategy	Strategy Suggestions	Resources	Budget Item Suggestions
<b>Community Ambassadors</b>	Create a program that involves hiring community residents to help with CHC strategies. Community Ambassadors help ensure the voice of the community is included in all steps of a strategy. Programs should include a formal position description with expectations and compensation.	<ul style="list-style-type: none"> <li>• <a href="#">Community Ambassador Resource Guide.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Fees to cover workshops and/ or training for ambassadors.</li> <li>• Compensation for community ambassadors.</li> </ul>
<b>Grant Writing/ Fundraising</b>	Assist your priority community in applying for funding (or raising match funds) for planning and/or implementation of CHC strategies, such as transportation infrastructure projects or produce prescription programs.	<ul style="list-style-type: none"> <li>• <a href="#">Health Equity.</a></li> <li>• <a href="#">USDOT Grants Dashboard.</a></li> <li>• <a href="#">ODOT Funding Search.</a></li> <li>• <a href="#">USDA Grant Training Resources.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Training/education fees for professional development for grant writing.</li> <li>• Materials for community engagement.</li> <li>• Contract for grant writer.</li> </ul>
<b>Partnership Building</b>	Building trust within a new community takes time. CHC time can be spent attending existing community meetings and talking to community residents to build rapport within the community before embarking on strategy implementation.	<ul style="list-style-type: none"> <li>• <a href="#">Fostering Healthy Communities through Planning and Public Health Collaboration.</a></li> <li>• <a href="#">Building Non-Traditional Public Health Multisector Partnerships.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Materials for community engagement.</li> </ul>
<b>Planning</b>	Participation in a city/county-wide health assessment and/or improvement plan.	<ul style="list-style-type: none"> <li>• <a href="#">NACCHO: CHA and CHIP.</a></li> <li>• <a href="#">CDC: Community Health Assessments &amp; Health Improvement Plans</a></li> </ul>	<ul style="list-style-type: none"> <li>• Materials for community engagement.</li> </ul>
<b>Social Connectedness</b>	<p>Social connectedness strategies aim to provide organic opportunities for people to interact with one another. If selected, these strategies should work towards PSE change and should not be strictly programmatic. Some examples include:</p> <ul style="list-style-type: none"> <li>• Intergenerational partnerships that connect older adults with younger adults, such as through a community garden.</li> <li>• Enhance public spaces with amenities such as benches and shade cover that encourages all ages to spend time there.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Action Guide for Building Socially Connected Communities.</a></li> <li>• <a href="#">CDC Social Connectedness.</a></li> <li>• <a href="#">Solutions for Social Isolation.</a></li> <li>• <a href="#">Age Friendly Communities.</a></li> </ul>	
<b>Sustainability of past work.</b>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• Attending partner meetings.</li> <li>• Providing small amounts of funding for materials of completed CHC strategies from previous years.</li> <li>• Providing staff time to help with the project (i.e. assisting with set-up of a farmers' market, assisting with a demonstration project as part of a previously adopted ATP).</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">CDC Sustainability Planning Guide.</a></li> <li>• <a href="#">Rural Health Information Hub: Importance of Sustainability.</a></li> </ul>	

## Appendix I: Workplan

- Applicants will create a Workplan that addresses the following:
  - One Healthy Eating Assessment (see Appendix G).
  - One Active Living Assessment (see appendix G).
  - Strategy #1: Healthy Eating PSE Strategy. \*
  - Strategy #2: Active Living PSE Strategy. \*
  - Strategy #3: One Healthy Eating, Active Living, or Overarching Strategy. \*

\*Strategy selection must be from the approved list in Appendix H.
- Other workplan considerations
  - Proposed Healthy Eating and Active Living PSE strategies should build upon previous work and/or be based on existing community need (i.e., CHA, CHIP, previous PSE assessment findings).
  - Incorporate community engagement into each strategy. See appendix F for more information and resources.
  - It is expected that new strategies may span multiple years and focus on sustainability before the strategy is considered 'complete'.
- See page 46 for a sample workplan.

### Guidelines for Completing the Workplan

Guidelines for how to complete the various parts of the workplan are described below. **Specific examples of each component can be found in the sample workplan.**

#### Strategy

Select a strategy from Appendix H.

#### Healthy People 2030 Objective

Select one or more Healthy People 2030 Objectives (listed in Appendix D) that align with your selected strategy.

#### Target Outcome

A target outcome describes the ultimate goal of a completed strategy. It shows that behavior change has taken place within the community and/or a policy or plan has been adopted. Additionally, the target outcome states how the strategy will be sustained.

Examples:

Behavior Change (Community Garden)
<ul style="list-style-type: none"><li>• What behavior change will occur? <i>Residents of Apple City participating in the community garden will increase their consumption of fruits and/or vegetables by 2 servings per week.</i></li><li>• How will the change be measured? <i>Pre and post surveys, focus groups, and/or interviews with garden participants.</i></li><li>• How will the change be sustained? <i>Garden Coordinator/Leader identified to be responsible for maintaining the garden and garden leadership.</i></li></ul>
Policy/Plan Change (Active Transportation Plan)
<ul style="list-style-type: none"><li>• What policy/plan change will occur? <i>ATP adopted by Apple City Council.</i></li></ul>

- How will the change be measured? *List of prioritized infrastructure projects.*
- How will the change be sustained? *Funding opportunities for infrastructure projects are identified.*

### Partners Involved

Identify the person(s) and/or agency (ies) that will be key to implementing the strategy.

### Action Steps

For each strategy, write the intermediate steps or specific, measurable actions that need to be completed in a specific timeframe. Action steps explain what is to be done and when it is going to be completed. There should be a **minimum of eight** action steps to accomplish each strategy, which may occur over more than one year. The suggested eight action steps include: assessment; community engagement; planning/fundraising; second round of community engagement; implementation; promotion; evaluation; sustainability.

### Related Activities

List activities to accomplish each action step. Related activities should be unique to each strategy and priority community. **The related activity should not repeat the action step.**

\*Note: Action steps are mini-goals or milestones and should have 3-6 related activities. If an action step has only one or two related activities, then more detail is needed, or the action step may be a related activity for a different, larger goal.

### Evaluation Measure(s)

Evaluation can help identify needed changes, find out how well objectives are being met, determine the effects of the program, and identify ways to improve the program. In the workplan, include a brief description of the evaluation measures for each action step. After the measures are developed, gather and record the data.

### Estimated Timeline

List estimated beginning and ending dates throughout the year for planning and measuring progress. **Having action steps that span a full year is discouraged.**

### Quarterly Reporting Form

Each quarter, provide in narrative form the progress to date for each strategy. This section should be left blank for the initial application.

### Calculating Potential Reach

Potential reach is an estimate of the number of people for whom access to healthy, affordable foods and/or physical activity opportunities has been improved due to the implementation of a CHC strategy. Potential reach numbers will be due with Q4 program reporting. Training on how to calculate potential reach will be provided to funded applicants. **Calculating potential reach is not a requirement for the application.**

## WORKPLAN EXAMPLE

### 2025 CREATING HEALTHY COMMUNITIES WORK PLAN

Agency:	Gala County Health Department	Priority Community:	Apple City
Grant#:	000000000000	SVI Score:	.999

**Strategy:** New/Repaired Parks and Playgrounds

**Healthy People 2030 Objective(s):**

- Reduce the proportion of adults with obesity – NWS-03.
- Reduce the proportion of children and adolescents with obesity – NWS-04.
- Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity – PA-08.
- Increase the proportion of adults who do enough aerobic and muscle-strengthening activity — PA-05.

**Target Outcome:**

Upon completion of the CHC strategy:

- **What behavior change will occur?**
  - Residents of Apple City visiting the park will increase their physical activity by 30 minutes per week.
- **How will the change be measured?**
  - Surveys and observations.
- **How will the change be sustained?**
  - Apple City Parks and Recreation will routinely monitor the park and provide maintenance as needed. ‘Friends of Apple City Park’ group is established.

**Partners involved:** CHC Staff, Apple City Parks and Recreation, McIntosh Elementary Schools, ODH Disability Specialist, Honeycrisp Park Planning Group, and Selected Playground Vendor.

Action Step	Related Activities	Evaluation Measures	Estimated Timeline
1. Conduct a pre-assessment of Honeycrisp Park.	<ul style="list-style-type: none"> <li>• Meet with community members and local partners to form a park planning group.</li> <li>• Conduct CHII assessment.</li> <li>• Review results of CHII assessment with ODH’s Inclusion/Disability Specialist, and Honeycrisp Park planning group.</li> <li>• Develop evaluation questions to collect qualitative data from community members.</li> <li>• Gather park usage data prior to improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• CHII Results.</li> <li>• Evaluation Questions.</li> <li>• Meeting(s) Summary.</li> </ul>	January-March



2. Develop park design with community residents and partners.	<ul style="list-style-type: none"> <li>• Reference ODH community engagement resources.</li> <li>• Coordinate with planning group to draft a community engagement plan.</li> <li>• Obtain community input on desired park enhancements through mid to high level of public engagement (involve, collaborate, and empower).</li> <li>• Generate list of community priorities identified from engagement activities/events.</li> <li>• Ensure that inclusive enhancements are included in park layout and equipment.</li> <li>• Consult ODH's Inclusion/Disability Specialist as needed.</li> <li>• Draft a layout of the park.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement Plan.</li> <li>• Copy of engagement strategies.</li> <li>• List of Community Priorities.</li> <li>• Drafted layout.</li> </ul>	February - March
3. Finalize Honeycrisp Park design.	<ul style="list-style-type: none"> <li>• Hold community input meeting with planning group.</li> <li>• Coordinate with potential playground vendor(s) to revise draft layout based on input from community and planning group.</li> <li>• Consult ODH's Inclusion/Disability Specialist as needed.</li> <li>• Finalize design.</li> </ul>	<ul style="list-style-type: none"> <li>• Finalized Layout.</li> </ul>	April
4. Purchase materials and identify additional funding resources.	<ul style="list-style-type: none"> <li>• Solicit playground vendors, obtain quotes.</li> <li>• Choose playground vendor, sign contract.</li> <li>• Analyze the cost of suggested enhancements and reassess budget.</li> <li>• Research grant opportunities, leveraged funds, and share with partners.</li> </ul>	<ul style="list-style-type: none"> <li>• Vendor Quotes.</li> <li>• Copy of Contract.</li> </ul>	May
5. Prepare for build week.	<ul style="list-style-type: none"> <li>• Determine build week date(s) and schedule.</li> <li>• Recruit resident volunteers for build week.</li> <li>• Coordinate additional supplies needed for the build week.</li> <li>• Conduct site preparations to ensure utility checks are complete.</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteer Registration.</li> <li>• Materials List.</li> </ul>	May - July
6. Install park/ playground equipment.	<ul style="list-style-type: none"> <li>• Coordinate installation with community residents and partners.</li> <li>• Ensure installer conducts equipment checks to verify park/playground equipment is safe before opening.</li> <li>• Document installation process with photographs.</li> </ul>	<ul style="list-style-type: none"> <li>• List of playground enhancements.</li> <li>• Photographs.</li> </ul>	June - July

7. Promote refurbished Honeycrisp Park.	<ul style="list-style-type: none"> <li>• Develop marketing materials to announce playground enhancements.</li> <li>• Draft media release and distribute to media outlets.</li> <li>• Promote the playground using strategies outlined in the engagement plan.</li> <li>• Document opening events with photographs.</li> <li>• Hold opening event.</li> </ul>	<ul style="list-style-type: none"> <li>• Copies of marketing materials.</li> <li>• Media release.</li> <li>• Photographs of the opening event.</li> <li>• Media coverage.</li> </ul>	July- August
8. Evaluate park usage.	<ul style="list-style-type: none"> <li>• Gather qualitative data from community members using evaluation questions developed during pre-improvement evaluation.</li> <li>• Observe park usage post-improvements.</li> <li>• Compare pre-improvement evaluation data with post-improvement data.</li> <li>• Summarize results.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation Results.</li> </ul>	July- September
9. Ensure sustainability of the new park.	<ul style="list-style-type: none"> <li>• Meet with community members and partners to discuss sustainability options.</li> <li>• Identify entity that will routinely monitor the park and provide maintenance as needed.</li> <li>• Convene community members from build day and engagement activities to create a 'Friends of Apple City Park' group.</li> <li>• Draft a sustainability plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainability Plan.</li> </ul>	July-September

## Appendix J: Training and Technical Assistance (TA)

The purpose of training and TA is to build the capacity of CHC grantee staff and partners (as appropriate and as funding allows) to ensure they have the foundational skills and resources they need to successfully implement CHC strategies. ODH's approach to training and TA will support both strategy-specific and foundational skills to advance PSE changes to improve access to and affordability of healthy food, and to increase opportunities for physical activity through authentic community engagement.

Each subgrantee will be assigned an ODH program consultant. Program consultants will conduct quarterly conference calls, at least one in-person site visit per year, and provide verbal and written feedback on quarterly program and expenditure reports. Sub-grantees are encouraged to call or e-mail their program consultant at any time for programmatic or budgetary questions. In addition, ODH contracts with [Toole Design](#) to provide additional technical assistance and training on Active Living and Active Transportation Strategies. ODH's Food Access Coordinator is also available for technical assistance related to specific healthy eating strategies.

Training and TA will be delivered by ODH in the following ways:

- Statewide in-person or virtual full day meetings.
- Webinars and conference calls.
- Printed and digital materials and other resources (e.g., toolkits, policy templates, etc.).
- CHC Engagement Hub (internal program website with library of resources).

Grantees are required to:

- Attend trainings, which include the following:
  - Two CHC All-Project Meetings (in person, Columbus, OH).
  - Up to one additional training (to be determined by ODH).
- Participate in monthly All-Project conference calls (requires access to MS Teams).
- Remain in regular contact with their program consultant in between quarterly reporting.
- Participate in the CHC Engagement Hub.

## Appendix K: Attachments

### Attachment 1: Workplan Template

\*A complete template of the workplan will be emailed to applicants after submission of NOIAF

#### 2025 CREATING HEALTHY COMMUNITIES WORK PLAN

Agency:		Priority Community:	
Grant#:		SVI Score:	

<b>Strategy:</b>
<b>Healthy People 2030 Objective(s):</b>
<b>Target Outcome:</b> <ul style="list-style-type: none"><li>• What behavior/policy/plan change will occur?<ul style="list-style-type: none"><li>○</li></ul></li><li>• How will the change be measured?<ul style="list-style-type: none"><li>○</li></ul></li><li>• How will the change be sustained?<ul style="list-style-type: none"><li>○</li></ul></li></ul>
<b>Partners involved:</b>

Action Step	Related Activities	Evaluation Measures	Estimated Timeline
1.			
2.			
3.			
4.			

**Attachment 2: Personnel/Position Form**

Person/Position	% of Time on CHC	% of Time Paid by the Grant	Function
<i>Example: John Smith, CHC Coordinator</i>	<i>75%</i>	<i>75%</i>	<i>Responsible for grant reporting, mandatory meetings, community assessments, and healthy eating strategies</i>
<i>Example: Jane Appleton, Physical Activity Coordinator</i>	<i>25%</i>	<i>25%</i>	<i>Responsible for active living workplan strategies</i>

**Attachment 3**

Attach a CV/Resume for each existing staff person on this grant.

Attach a Position Description for proposed positions on the grant not currently filled.

**Attachment 4: Letters of Support**

Provide at least three letters of support from community partners who will assist in completion of workplan activities. Applicants are encouraged, but not required, to seek the additional letters from partners from the following fields: disability inclusion, education, local government, food access/rescue, community organizing, planning, transportation, healthcare systems, and nonprofit organizations promoting healthy eating and/or active living.

**Attachment 5: 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 and submit a statement of support from the local health districts. See pages 5-6 of the RFP for more information.