



MEMORANDUM

Date: July 24, 2023

To: Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program
Subrecipient agencies

From: Alicia Leatherman, Chief [A/L](#)
Bureau of Maternal and Infant Vitality (BMIV)
Ohio Department of Health

Subject: Subrecipient MIECHV (MH FY24) October 1, 2023-September 30, 2024

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

All electronic applications and attachments are due by **4:00 p.m., August 21, 2023**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered, or mailed applications will not be accepted.

Electronic application components must be submitted via the online Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules, policy and procedure updates posted on the GMIS bulletin board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website: <https://odh.ohio.gov/about-us/funding-opportunities/sfy-22/mh-22-ohio-maternal-infant-and-early-childhood-home-visiting>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Alicia Leatherman at 614-441-7918 or by e-mail at Alicia.Leatherman@odh.ohio.gov.

TABLE OF CONTENTS

I.	CONTINUATION FUNDING APPLICATION GUIDANCE	
A.	Policy and Procedure	2
B.	Number of Grants and Funds Available	2
C.	Formatting Requirement for Attachments	3
D.	Qualified Applicants	3
II.	PROGRAM UPDATES	
A.	Program Progress Report	4
B.	Program Narrative	4
C.	Objectives and Work Plans	4
D.	Documentation & Progress on Health Equity and Disparity Reduction Activities	4
E.	Program Budget	5
F.	Other Application Requirements	7
G.	Human Trafficking	9
H.	Post Submission Requirements	9
III.	APPENDICES	
A.	Continuation Solicitation Reimbursement Type Form	
B.	B1. [Deliverable Descriptions]- Not Applicable	
	B2. [Deliverable Allocations]- Not Applicable	
C.	Evidence of Health Equity Strategies Checklist	
D.	Quarterly Report Form	
E.	MIECHV Staffing Chart	
F.	Key Driver Diagram	
G.	Application Review Form	

I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding _____ Base and Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates, Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules and any other program-specific requirements as outlined in the competitive solicitation. This solicitation pertains to budget period: 10/1/2023-9/30/2024 of the total project period, 10/1/2023-9/30/2024. Reference the competitive solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- 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 agency policy regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available:

The Ohio Maternal, Infant and Early Childhood (MIECHV) program is funded through federal funds made available through the Health Resources and Services Administration (HRSA). Approximately \$6,770,280.00 will be available to fund projects in 27 counties. Applicants choosing to implement Healthy Families America or Parents as Teachers will be funded at \$3,540 per slot. Applicants choosing to implement Nurse-Family Partnership will be funded at \$4,360 per slot.

The following chart outlines the number of slots available per county:

County (At-Risk Community)	Slots
Adams	15
Allen	45
Athens	25
Butler	75
Clark	132
Coshocton	30

Cuyahoga	175
Fayette	75
Franklin	200
Gallia	18
Guernsey	25
Hamilton	125
Highland	15
Jackson	15
Lawrence	15
Lucas	75
Mahoning	150
Marion	85
Meigs	17
Montgomery	90
Morgan	15
Muskingum	55
Pike	50
Ross	35
Scioto	55
Summit	125
Vinton	40
	1,777

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

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place the agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted the application and all required attachments by **4:00 p.m. on Monday, August 21, 2023.**

II. PROGRAM UPDATES:

The program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, and a Key Driver Diagram.

A. Program Progress Report: Attach the program's latest MIECHV Quarterly Progress Report for the current grant period.

B. Program Narrative: Please summarize any implementation challenges or successes. Provide an overview of key staff members. Complete and submit a narrative statement (not to exceed 10 pages) that explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. If program capacity was under 85% during the program year, please explain how you improved capacity or your plans for increasing capacity.

C. Continuous Quality Improvement: Provide a short summary (not to exceed 2 pages) of progress towards meeting the current SMARTIE Aim(s) identified on the Key Driver Diagram for the current program year. Please provide specific data that have been utilized to track progress. In addition, a new or updated Key Driver Diagram must be submitted with this application for the new program year. In this section, provide an explanation of the update or rationale for selecting a new project.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates (not to exceed 2 pages) on the goals and objectives specified in the Competitive solicitation relating to health equity. This information must be supported by data. Continuation solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and/or neighborhoods specified in their plan.

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

- 1. Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies, and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example can be found on the GMIS bulletin board posted March 13, 2020. Use the budget justification document/template labeled "Budget Justification Base Example Effective March 13, 2020."

Match or applicant share is not required by this program. Do not include match or applicant share in the budget and/or the applicant share column of the budget summary. Only the narrative may be used to identify additional funding information from other resources.

- 2. 2024 Budget via GMIS:** Complete requested budget information as follows:

- Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period date to date. Funds may be used to support personnel, staff 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 program activity. Itemize, in the equipment section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds.

Any personnel listed in the budget 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 services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view or for fundraising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional items.
22. Office furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements:

Program-Specific Attachments: Complete and submit the following attachments.

- Evidence of Health Equity Strategies Checklist.
- Most recent Quarterly Progress Report.
- MIECHV Staff Chart.
- Revised or new Key Driver Diagram.

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes but is not limited to, Electronic Funds Transfer (EFT), 1099 Form, and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS bulletin board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaires part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to the receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register on SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating their current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population.
 - 1. At-risk population.
 - 2. Mental health population.
 - 3. Homeless population.
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking. X Applicable

 Not Applicable to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

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

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X Program Reports Required

 No Program Reports Required

Period	Report Due Date
October 1 – December 31, 2023	February 15, 2024
January 1 – March 31, 2024	May 15, 2024
April 1 – June 30, 2024	August 15, 2024
July 1 – September 30, 2024	November 15, 2024

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – September 30, 2024	October 10, 2024

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

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before November 5, 2024. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. NOT APPLICABLE
 - B1 Deliverable — Objective Descriptions (if applicable)
 - B2 Deliverable — Objective Allocations (if applicable)
- C. Evidence of Health Equity Strategies Checklist
- D. MIECHV Quarterly Progress Report
- E. MIECHV Staffing Chart
- F. Key Driver Diagram
- G. Application Review Form

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health Office of
Office of the Medical Director
Bureau of Maternal and Infant Vitality

ODH Program Title:
Maternal, Infant and Early
Childhood Home Visiting
(MH24)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by 8/7/2023

Please email completed form to Maria Kapenda (maria.kapenda@odh.ohio.gov).

Appendix B1

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario #:

_____ **Base and Deliverables**

_____ **Deliverables Only**

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

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

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

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

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

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

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

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

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 disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence, and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, 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.

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 condition or health outcome 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.](#)

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the

Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- 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](#).

- 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 toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 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 [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 that can provide valuable insight, new perspective, and more effective ways to achieve program goals.

Help Me Grow Home Visiting Quarterly Progress Report

Purpose: The Ohio Department of Health (ODH) Help Me Grow Home Visiting Program requires submission of the Home Visiting Quarterly Progress Report. This report in combination with the Quarterly Performance Report informs the ODH Home Visiting Program staff on how to provide appropriate technical assistance to local providers. It provides a mechanism for sharing family success stories, successful program strategies/best practices, and challenges and barriers to program and model implementation. The quarterly progress report also provides programs the opportunity to respond to questions from ODH regarding quarterly performance data. If quarterly performance data indicates a program is below the ODH benchmark, the ODH Home Visiting Program Consultant may request further information about current challenges impacting a program's ability to achieve the benchmark, and schedule technical assistance to address program needs.

Instructions: Quarterly performance reports will be sent to providers within 30 calendar days of the end of the program quarter. Quarterly progress reports are due 45 calendar days from the end of the quarter. Complete this report and submit based on the reporting periods outlined below.

Program Report Period	Quarterly Performance Report Received from ODH	Quarterly Progress Report Due Date
July 1 – September 30	October 30	November 15
October 1 – December 31	January 31	February 15
January 1 – March 31	April 30	May 15
April 1 – June 30	July 30	August 15

Programs that receive MIECHV funding (or both Help Me Grow and MIECHV funding) should submit the quarterly progress report in GMIS. Programs that do not receive MIECHV funding should submit the quarterly progress report directly to their designated Home Visiting Program Consultant.

Program Information

Agency Name:	Reporting Period:
Submitted By:	Date Submitted:

Staffing

Please review the staffing worksheet you received with your quarterly performance report.

Is the information for the current quarter, correct? ☐ Yes ☐ No

If no, submit the HEA 8039 Contract and Provider Agreement Addendum to your ODH Program consultant. Please be reminded that staff changes are required to be reported within 10 business days of the change taking effect.

Quarterly Performance Report Response / Feedback

Please review the notes and comments section at the end of each program standard in the quarterly performance report provided by your ODH Home Visiting Program Consultant. Respond to any questions in the section below. Use additional paper as needed.

Program Updates
<p>1. During this reporting quarter, has your program made any updates to the following policies/procedures? If yes, please submit a copy of the revised policy/procedure with your quarterly progress report. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • Staff recruitment and retention. • Plan to continue to serve families assigned to a Home Visitor who leaves the program. • Family recruitment and retention. • Process for staff to obtain required background checks, including timelines for completion and procedures for staff with convictions. • Provision of staff supervision, in accordance with model-fidelity standards of the model(s) being implemented. <p>2. During this reporting quarter, has your program received documentation from the national model partner(s) following a model fidelity monitoring visit, accreditation or affiliation visit, or response to an annual report submission? If yes, please submit a copy with your quarterly report (if not already submitted). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Annual Technical Assistance Plan
<p>Please describe actions taken toward achieving the goals identified in the Program Annual Report. <i>Not required for reporting quarter July 1, 2023 – September 30, 2023.</i></p>
Barriers/Challenges Experienced
<p>Please describe barriers/challenges faced in achieving the goals identified in the Annual TA Plan or other barriers/challenges the program has faced in program implementation this quarter. <i>Not required if already included in quarterly performance response/feedback.</i></p>

Technical Assistance Needs / Requests	
Describe any technical assistance needs or requests.	Describe any training needs or requests.
Family Success Stories	
Other Program Successes or Updates (optional)	

APPENDIX E: MIECHV Staffing Chart



Staffing Quarterly
Spreadsheet.xlsx

SMARTIE Aim	Primary Drivers	Change Ideas
Type SMARTIE aim here...	Driver 1:	
	Driver 2:	
	Driver 3:	
	Driver 4:	

Application Review Form

Applicant Organization: _____

County(s): _____

Reviewer: _____

Section	Maximum Score	Comments
<p>Application Submission</p> <ul style="list-style-type: none"> • Application for funding was submitted by the due date and was complete with all attachments. • Formatting requirements met: <ul style="list-style-type: none"> ◦ Properly labeled. ◦ 1.5 spacing with 1-inch margins. ◦ Program and budget narrative are in Portrait orientation on 8.5 x 11 paper. ◦ All pages numbered. ◦ Program Narrative does not exceed 10 pages. ◦ 12-point font. 	5	
<p>Budget and Budget Narrative</p> <ul style="list-style-type: none"> • Only allowable expenses were included in the budget and budget narrative (5). • Justifications were provided for each proposed expense (5). • Specific functions were described for personnel, consultants, and collaborators (5). • Expenditures are reasonable for carrying out the activities in the grant (5). 	20	
<p>Program Narrative</p> <ul style="list-style-type: none"> • Agency summarized current implementation challenges and successes. (10) • Agency summarized key personnel. (10) • Agency addresses capacity. If under 85%, provides an explanation. (10) • Agency summarized any proposed changes to scope. (10) 	40	
<p>Continuous Quality Improvement</p> <ul style="list-style-type: none"> • Agency summarized current continuous quality improvement efforts. (5) • Agency included data to demonstrate activities. (5) • Agency provided information on a revised goal or new project for the upcoming program year. (5) 	15	

<p>Documentation and Progress on Health Equity and Disparity Reduction Activities</p> <ul style="list-style-type: none"> • Agency provided updates on goals and objectives related to health equity. (5) • Agency included data that aligns with the goals (5). • Agency described outreach efforts to priority populations (5). 	15	
<p>Attachments/Requirements</p> <p>The following documents were completed and submitted:</p> <ul style="list-style-type: none"> • Most recent Quarterly Progress Report • MIECHV Staff Chart • Revised or new Key Driver Diagram 	15	
Maximum Points	110	