



MEMORANDUM

Date: March 25, 2022

To: Ohio Breast and Cervical Cancer Project Community Health Worker: Competitive Applicants

From: Jolene DeFiore-Hyrmer, MPH *JDH*
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Community Health Worker (HW23)
June 30, 2022 – June 29, 2023

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., on Monday, May 2, 2022. 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 Bidders' Conference that will be held via webinar on **Thursday, April 7, 2022, from 11:00 am to 12:30 pm.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting Link

[Click here to join the meeting](#)

Call-in Information

(614) 721-2972, Meeting ID: 851445310#

ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. 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—Appendix A), no later than 4:00 p.m. on Monday, April 11, 2022 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Monday, Monday, May 2, 2022, to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions, please contact Dawn Ingles at Dawn.Ingles@odh.ohio.gov.

Important Date Reminders:

- Bidders' Conference— Thursday April 7, 2022, from 11:00 am to 12:30 am
- Notice of Intent to Apply for Funds (Appendix A)—Monday, April 11, 2022, by 4:00 pm
- ODH GMIS 2.0 Form (Appendix B), *if applicable*—Monday, April 11, 2022, by 4:00 pm
- Applications Due—Monday, May 2, 2022, by 4:00pm

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF THE MEDICAL DIRECTOR
BUREAU OF HEALTH IMPROVEMENT AND WELLNESS

Breast and Cervical Cancer Project – Community Health Worker HW23

SOLICITATION FOR FISCAL YEAR 2023 (06/30/2022 – 06/29/2023)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY AND GUIDANCE

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

A bidders’ conference for interested applicants will be held on Thursday, April 7, 2022, from 11:00 am to 12:30 pm and can be accessed through MS Teams at the following URL:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDI3MGM2MjgtZjU4NS00N2E5LWE5ODctMmQzOTFINmRjZGY2%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22248330f2-79e9-4514-afa6-a881e6e6c2f5%22%7d

If you prefer to join only by phone:

Phone: 1-614-721-2972

Phone Conference ID: 851 445 310#

This is a competitive solicitation; a Notice of Intent to Apply for Funding (**NOIAF – Appendix A**) must be submitted by, **April 11, 2022**, so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: 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 agency 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: Breast and Cervical Cancer Project – Community Health Workers (HW23).

C. Purpose: The Ohio Breast and Cervical Cancer Project (BCCP) provides free breast and cervical cancer screenings and diagnostic services to eligible women in Ohio. The purpose of this grant is to increase the enrolled and served rates in the Ohio BCCP program, with specific emphasis on priority populations through use of Community Health Workers (CHWs). CHWs will engage with the community to establish linkages between community organizations, providers and BCCP to enroll eligible women in the program for services. The priority populations of focus, within the BCCP eligibility guidelines, are Black/African American women and women who reside in Appalachian counties, between the ages of 21-64, uninsured or underinsured and at or below 250% of the Federal Poverty Level (FPL). The BCCP eligibility guidelines include women aged 21 and older, at or below 300% FPL.

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant agencies 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). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can apply.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday **May 2, 2022**.

E. Service Area: Applicants shall clearly define the specific geographic area (county, zip codes, census tract(s), etc.) and the specific population to be served with the grant funds provided, Black/African American or Appalachian. The BCCP service area includes all counties in Ohio. Applicants applying for the priority population of Appalachian must demonstrate that they meet the criteria of a minimum of 1000 potential eligible BCCP population that are age 21-64, at or below 250% FPL and are one of the designated Appalachian counties. Contiguous counties can apply together to reach this criterion. Applicants applying for the priority population Black/African American must demonstrate that they meet the criteria of a minimum of 1000 potential eligible BCCP population that are Hispanic/Non-Hispanic Black females uninsured. Contiguous counties can apply together to reach this criterion. Appendix E provides the necessary data to determine eligible BCCP populations.

- F. Number of Grants and Funds Available:** The source of funding for the Breast and Cervical Cancer Project – Community Health Worker subrecipient program are both state and federal funds. Up to 19 grants may be awarded for a total amount of \$586,328 with awards ranging from \$30,000 to \$75,000.

Eligible Award Amounts

Awards will be determined using the potential eligible BCCP population in the service area selected.

Table 1 Eligible Award Amounts

Eligible Award Amounts Band	Number of Potential BCCP Eligible Women	Eligible Award Amount
0	5,000 and above	Up to \$75,000
1	4,000 – 4,999	Up to \$65,000
2	3,000 to 3,999	Up to \$55,000
3	2,000 to 2,999	Up to \$45,000
4	1,000 – 1,999	Up to \$35,000

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 **4:00p.m. by Monday, May 2, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Dawn Ingles at dawn.ingles@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill No. 119, GRF440-438 and/or the Catalog of Federal Domestic Assistance (CFDA) Number 93.898, PHS Act, Sections 1501– 1508 and 1510 [42 U.S.C. 300k, 42 U.S.C. 3001, 42 U.S.C. 300 n-4, 42 U.S.C. 300m, 42 U.S.C. 300n, 42 U.S.C. 300 n-1, 42 U.S.C. 300 n-2, 42 U.S.C. 300 n-3, 42 U.S.C. n-4, 42 U.S.C. 300 n-5] of the Public Health service Act.

- I. Goals:** The primary goal of this solicitation is to increase the BCCP served rate for the priority population through the usage of Community Health Workers to conduct outreach activities to community agencies/organizations, providers, and the community.

The Ohio Department of Health, Breast and Cervical Cancer Project program goals/objectives supported through this grant opportunity include:

- By 06/29/2023 increase the Ohio BCCP served rate in the Black population by 3% of the total served from 15.9% to 18.9%.
- By 06/29/2023, increase the Ohio BCCP served rate in the Appalachian counties by 1.5% of the total served from 17.6% to 19.1%.
- By 06/29/2023 provide BCCP direct services for breast and cervical cancer screenings and diagnostic testing and patient navigation to at least 8,550 women who meet the ODH BCCP enrollment guidelines for NBCCEDP paid services (7500) and Navigated Only services (1050).

- By 06/29/2023, identify four community-based organizations for collaboration to increase screening rates among Black and Appalachian women.

J. Program Period and Budget Period: The program period will begin 06/30/2022 and end on 06/29/2025. The budget period for this application is 06/30/2022 through 06/29/2023.

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

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

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

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

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

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

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

2. Public Health Impact Statement of Support — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and 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.](#)
- 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 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 (e.g., faith-based organizations, local industries, businesses, universities, businesses, 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 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.

M. 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 to the Breast and Cervical Cancer Project.

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: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Dawn Ingles at dawn.ingles@odh.ohio.gov with any 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 sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, May 2, 2022, at 4:00 p.m.**

3920 440618 DOHF50P23C DOH50P23 4655B DOH101715

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

- 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 grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity, and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. 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 (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources.
 5. Estimates reasonable cost to the ODH, considering the anticipated results.
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds.
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations.
 8. Is responsive to the special concerns and program priorities specified in the Solicitation.
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
 10. Has demonstrated compliance to OGAPP.
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria (if applicable) [*Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.*]

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

- 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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

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. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, Breast and Cervical Cancer Project and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations grant, grant award number CDC-RFA-DPP22-2202, and CFDA number 93.898.”

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

Reports shall be submitted as follows:

a. Program Reports: Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **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
June 30 – July 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 29, 2023	July 10, 2023

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP. All subrecipients are required to attend a monthly virtual meeting with their program consultant to review progress.

- 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
June 30 – July 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 29, 2023	July 10, 2023

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

Period	Report Due Date
June 30 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 29, 2023	July 10, 2023

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

- a. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before **August 5, 2023**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

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;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

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

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

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

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

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

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

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed **20 pages** (excludes appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)

11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program include:
 - Workplan
 - Resumes

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

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

Current Independent Audit
(Latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 06/30/2022 – 06/29/2023.

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

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

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary:

Applicant needs to clearly identify the service area and priority population selected for this solicitation and how they meet the minimum qualifications as described in section 1.E Service Area. Describe the burden of health disparities and health inequities related to breast and cervical cancer screenings, incident, late-stage diagnosis, and mortality in the selected service area. Identify the agency or agencies that will carry out the activities of this grant. If applicant is applying with contiguous counties, a letter of support/agreement needs to be submitted from those counties.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:

- a. 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.
- b. Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
 - National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services>.
 - ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>
- c. Briefly describe your agency/organization’s previous or current experience working with Community Health Workers (CHW’s) to address health disparities and health inequities.
- d. Provide a description of the personnel your agency/organization will dedicate to working on this project. Please include names, a brief description of qualifications, experience in working with or ability to reach the priority population, the percentage of time they will allot to work on the grant, and the major role(s) they will play in work of the grant. Provide attached resumes for all key personnel. Attachment to be titled, Resumes.
- e. Indicate primary person to complete monthly program reports and attend monthly virtual meetings with ODH program consultant.

M. 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. Provide sources of all data used in the application. 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 health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable to serve as baseline data upon which evaluation will be based. Clearly identify the priority population. The priority populations of focus for this grant are Black/African American women and women who reside in Appalachian counties, between the ages of 21-64, uninsured and at or below 250% of the Federal Poverty Level (FPL).

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

Include a description of other agencies/organizations, in your area, also addressing this problem/ need.

Methodology: Provide a narrative for the following workplan/deliverable objectives. Include activities, expected outcomes and personnel responsible. Complete appendix F, Workplan Template and submit as an attachment titled, GY23 Workplan.

1. Objective 1: Complete monthly progress reports and attend virtual monthly meetings with ODH program consultant. (90% of deliverable funds)
2. Objective 2: Recruit and maintain quarterly contact with (indicate number) number of community agencies/organizations to establish a referral process for potential eligible women from the priority population, for BCCP. (5% of deliverable funds)
 - Each applicant needs to indicate the number that will be recruited and maintained during the grant year and should base this number of eligible population and funding requested.
3. Objective 3: Conduct outreach to priority population in the service area to exceed the number of women served from the priority population in the BCCP program, from the prior grant year numbers. Baseline to be provided on or before 9/1/22. (5% of deliverable funds)

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

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

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

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before May 2, 2022.**

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation Request
- C. C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Demographic/Data Table
- F. Workplan Template

Appendix A

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

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Medical Director
Bureau of Health Improvement & Wellness

Submission Required

See due date below.

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

ODH Program Title:

Breast and Cervical Cancer Project – Community Health Worker HW23

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who 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 Karen Tinsley, karen.tinsley@odh.ohio.gov BY April 11, 2022.**

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

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

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *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 Karen Tinsley, Grants System Officer, 614-644-7546

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

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

Appendix C1

Name of Subgrant Program: Breast and Cervical Cancer Project – Community Health Worker

Budget Period: 7/1/2022 – 6/29/2023

Of Deliverables: 3

Use Budget Justification Scenario #: 1

X Deliverables Only

Deliverable — Objective 1: Monthly Progress Report and Meeting

Submit a monthly workplan progress report in GMIS in the program report section. Report is due by the 10th of each month for the prior month's progress. Progress is to contain activities completed on each objective for that month and progress made toward targets. At least one staff member is to attend a monthly virtual meeting with the program consultant to discuss progress and future planned activities. Meeting to be held each month starting July 2022. This deliverable is set at 90% of the grant funds requested, divided into 12 equal payments and will be payable for month that both the report and meeting are completed.

Deliverable — Objective 2: Community Agency/Organization Recruitment

Recruit community agencies and organizations to set up a referral process to enroll eligible clients into the BCCP Program. The agency/organization needs to serve the priority population selected by the subrecipient. A completed Community Clinical Linkage form will be submitted to the program consultant and uploaded in GMIS with the monthly program report. At minimum, quarterly contacts will be made with the agency/organization to discuss the referral process and any changes or updates needed. This deliverable is set at 5% of the grant funds and will be payable at the end of the grant year if target number of agencies/organizations are recruited, and quarterly contacts are completed.

Deliverable — Objective 3: Increase in Priority Population Served

Increase the number of women served by BCCP in the service area selected and the priority population, through conducting outreach activities to community agencies/organizations, providers, and the public. Baseline for prior grant year served will be provided no later than 9/1/22 for GY22 (6/30/21-6/29/22). For a client to be counted, she must complete a BCCP screening or diagnostic service for breast and/or cervical cancer or an office visit that includes a Clinical Breast Exam (CBE). This deliverable is set at 5% of the grant funds and will be payable once the baseline is exceeded.

Appendix C2

Name of Subgrant Program: Breast and Cervical Cancer Project - Community Health Worker Grant

Budget Period: 06/30/2022 - 06/29/2023

of Deliverables: 3

Use Budget Justification Scenario #: 1

☐ Base Only
☐ Base and Deliverables
☒ Deliverables Only

	Deliverable - Objective 1 Monthly Progress Report and Meeting (90% of Deliverable Funds)	Deliverable - Objective 2 Community Agency / Organization Recruitment (5% of Deliverable Funds)	Deliverable - Objective 3 Increase in Priority Population Served (5% of Deliverable Funds)	Total
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
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Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Name of Subrecipient or County or Region	Enter Amt for Deliverable	Enter Amt for Deliverable	Enter Amt for Deliverable	
Total				

Appendix D – Application Review Form

Reviewer: _____

Date: _____

BCCP-CHW Grant Evaluation Form

Applicant Agency: _____ Total Requested Budget: _____

Is the applicant a Local Health Department: Yes No

Target Area: _____ Priority Population: _____

Scoring Instructions					
Does not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

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

Weak to Meets (2): Response indicates the objectives will not be completely met or at a level that will be below average

Meets (3): Response generally meets the objectives (or expectations)

Meets to Strong (4): Response indicates the objectives will be exceeded

Strong (5): Response significantly exceeds objectives or expectations

☐ Recommend

Comments:

☐ Not recommended

Special Conditions:

Section	Maximum Points	Score
Executive Summary	25	
Description of Applicant Agency/ Documentation of Eligibility/[Personnel]	35	
Problem/[Need]	15	
Methodology	25	
Budget	20	
TOTAL	120	
Internal Program Review		
Local health department	10	
Non-local health department	15	
TOTAL	10 or 15	

Program Narrative	Score	Comments	Page No
Executive Summary			
Service area identified.			
Priority population identified.			
Describes the burden of health disparities and health inequities related to breast and cervical cancer screenings, incident, late-stage diagnosis, and mortality in the selected service area			
Identifies the agency or agencies that will carry out the activities of this grant.			
If applicant is applying with contiguous counties, a letter of support/agreement is submitted from those counties.			
Total			
Description of Applicant Agency/Documentation of Eligibility/[Personnel]			
Describes ability to apply.			
Summarizes agency's structure as it relates to this program and, as the lead agency, how it will manage the program.			
Describes capacity to communicate effectively in accordance with national standards.			
Describes agency's previous or current experience working with Community Health Workers to address health disparities and health inequities.			
Description of the personnel the agency will dedicate to working on this project. Provides names, a brief description of qualifications, experience in working with or ability to reach the priority population, the percentage of time they will allot to work on the grant, and the major role(s) they will play in work of the grant.			
Resumes provided for key personnel.			
Indicates primary person to complete monthly program reports and attend monthly virtual			

meetings with ODH program consultant.			
Total			
Problem/[Need]	Score	Comments	Page No
Identifies and describes local health status concern(s) that will be addressed by the program.			
Provides supporting data and sources of all data used in application.			
Clearly identifies the priority population.			
Total			
Methodology			
Provides a narrative for the following workplan /deliverable objectives. Include activities, expected outcomes and personnel responsible.			
Objective 1: Complete monthly progress reports and attend virtual monthly meetings with ODH program consultant.			
Objective 2: Recruit and maintain quarterly contact with community agencies /organizations to establish a referral process for potential eligible women from the priority population, for BCCP.			
Number of agencies/organizations indicated is appropriate for service area and funds requested.			
Objective 3: Conduct outreach to priority population in the service area to exceed the number of women served from the priority population in the BCCP program, from the prior grant year numbers.			
Total			
Budget	Score	Comments	Page No
Budget does not exceed the eligible award amount band.			
Deliverable Objective 1 equals 90% of requested funds.			
Deliverable Objective 2 equals 5% of requested funds.			

Deliverable Objective 3 equals 5% of requested funds.			
Total			
Internal Program Review Only:	Score	Comments	Page No
<p>GMIS application complete and on time: Due Monday, May 2, 2022 by 4pm</p> <p>Attachments:</p> <ul style="list-style-type: none"> • Project Narrative • Budget Narrative • Workplan • Resumes • Statement of Support from the Local Health Districts (non-health department only) • Public Health Impact Statement Summary (non-health department only) <p>GMIS Requirements</p> <ul style="list-style-type: none"> • Assurances Certification • Civil Rights Questionnaire • Federal Funding Accountability and Transparency Act (FFATA): • GMIS Health Equity Module 			
<p>Public Health Accreditation Board (PHAB) Standards (Page 5 of solicitation)</p> <p>Public Health Impact Statement (applicant agencies that are not local health districts only)</p> <ol style="list-style-type: none"> 1. Public Health Impact Statement Summary 2. Public Health Impact Statement of Support 3. Evidence of Health Equity Strategies 			
<p>Human Trafficking</p> <ol style="list-style-type: none"> 1. Victims of human trafficking included in agency's target population demonstrated 2. Promotes expansion of services to identify and serve those affected by human trafficking 			

County Name	Appalachia County	Uninsured: All Races 21- 64, < 250 FPL ¹	Total Hispanic and Non- Hispanic Black Females 20-64 ²	Estimate Eligible for BCCP: Black ³
Adams	Yes	460	30	5
Allen	No	1129	3260	567
Ashland	No	828	43	7
Ashtabula	Yes	1712	682	119
Athens	Yes	1065	587	102
Auglaize	No	382	52	9
Belmont	Yes	876	317	55
Brown	Yes	676	66	11
Butler	No	5666	9835	1711
Carroll	Yes	399	41	7
Champaign	No	406	148	26
Clark	No	2206	3111	541
Clermont	Yes	2263	743	129
Clinton	No	504	230	40
Columbiana	Yes	1387	251	44
Coshocton	Yes	641	75	13
Crawford	No	588	79	14
Cuyahoga	No	16486	118188	20565
Darke	No	642	66	11
Defiance	No	366	140	24
Delaware	No	1409	1943	338
Erie	No	947	1894	330
Fairfield	No	1735	3373	587
Fayette	No	460	159	28
Franklin	No	22687	90460	15740
Fulton	No	518	56	10
Gallia	Yes	522	151	26
Geauga	No	1092	395	69
Greene	No	1911	3268	569
Guernsey	Yes	563	61	11
Hamilton	No	11467	66401	11554
Hancock	No	784	246	43
Hardin	No	398	38	7
Harrison	Yes	210	97	17
Henry	No	294	28	5
Highland	Yes	769	129	22
Hocking	Yes	376	27	5
Holmes	Yes	1429	0	0
Huron	No	862	121	21
Jackson	Yes	488	20	3
Jefferson	Yes	943	1077	187
Knox	No	819	194	34
Lake	No	2686	3185	554
Lawrence	Yes	892	231	40
Licking	No	1984	1920	334
Logan	No	561	222	39
Lorain	No	3975	7215	1255
Lucas	No	6085	25737	4478
Madison	No	538	205	36
Mahoning	Yes	3218	10367	1804
Marion	No	814	543	94
Medina	No	1606	676	118
Meigs	Yes	383	14	2
Mercer	No	419	40	7
Miami	No	1214	560	97
Monroe	Yes	196	7	1
Montgomery	No	8953	33806	5882
Morgan	Yes	233	173	30
Morrow	No	489	0	0
Muskingum	Yes	1254	747	130
Noble	Yes	140	6	1
Ottawa	No	431	125	22
Paulding	No	237	41	7

Appendix E - Demographic/Data
Table

County Name	Appalachia County	Uninsured: All Races 21-64, < 250 FPL ¹	Total Hispanic and Non-Hispanic Black Females 20-64 ²	Estimate Eligible for BCCP: Black ³
Perry	Yes	495	12	2
Pickaway	No	616	132	23
Pike	Yes	445	87	15
Portage	No	1852	2150	374
Preble	No	575	62	11
Putnam	No	343	10	2
Richland	No	1733	2358	410
Ross	Yes	996	578	101
Sandusky	No	729	388	68
Scioto	Yes	1247	316	55
Seneca	No	615	298	52
Shelby	No	546	155	27
Stark	No	4661	7959	1385
Summit	No	7769	24628	4285
Trumbull	Yes	3152	4966	864
Tuscarawas	Yes	1537	39	7
Union	No	606	857	149
Van Wert	No	308	77	13
Vinton	Yes	278	2	0
Warren	No	1771	1473	256
Washington	Yes	707	150	26
Wayne	No	2128	420	73
Williams	No	480	65	11
Wood	No	1430	1061	185
Wyandot	No	239	3	1

¹ U.S. Census Bureau Small Area Health Insurance Estimates, 2019.

² American Community Survey, Sex by Age(Black or African American Alone): 2019: ACS 5-Year Estimates
<https://bit.ly/3LatV4o>

³ Estimate Eligible for BCCP: Black
SAHIE Females Under 250% FPL, 21-64: Statewide, 2019
<https://bit.ly/3LaMNjz>
SAHIE Females Under 250% FPL, 21-64: Statewide, Black Only, 2019
<https://bit.ly/3Lav63O>

Estimates are based on the total statewide number of uninsured females ages 21 to 64 that are under 250% FPL all races divided by the total statewide number of uninsured females ages 21 to 64 that are under 250% FPL

BCCP – Community Health Worker

Year 1 Work Plan (June 30, 2022 – June 29, 2023)

Deliverable Objective 1: Complete monthly progress reports and attend virtual monthly meetings with ODH program consultant.			
Activities	Performance Measure(s)	Start and End Date	Personnel Assigned
Complete monthly program progress report.	Completed report uploaded in GMIS	06/30/2022 – 06/29/2023	
Attend monthly virtual meeting with program consultant and discuss progress on activities.	Meeting attendance	06/30/2022 – 06/29/2023	
Implement modifications to workplan activities as needed.	Updated workplan activities	06/30/2022 – 06/29/2023	
Progress Report July:			
Progress Report Aug:			
Progress Report Sept:			

Deliverable Objective 2: By 6/29/2023, recruit and maintain quarterly contact with (indicate number) number of community agencies/organizations to establish a referral process for potential eligible women from the priority population, for BCCP.			
Activities	Performance Measure(s)	Start and End Date	Personnel Assigned
Progress Report July:			
Progress Report Aug:			
Progress Report Sept:			

Deliverable Objective 3: Conduct outreach to priority population in the service area to exceed the number of women served from the priority population in the BCCP program, from the prior grant year numbers _____. (Baseline to be provided on or before 9/1/22.)

Activities	Performance Measure(s)	Start and End Date	Personnel Assigned
Progress Report July:			
Progress Report Aug:			
Progress Report Sept:			