

Date: May 6, 2025

To: Prospective Applicants

From: Debi Kroninger, Chief of Health Programs, Medical Director's Office *AK*

Subject: Notice of Availability of Funds: School-Based Health Center Competitive Solicitation

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health announces the availability of grant funds for local or public non-profit healthcare agencies to apply for funds to support (1) planning for a new school-based health center (SBHC) in or next to a school where one does not currently operate, (2) start-up funds to open a new (SBHC) or (3) support operational and expansion projects to existing sites. Grant activities vary based on project type and may include creating or updating a SBHC business plan, school and community engagement, attending ODH meetings and technical assistance, submitting program reports, staffing, equipment, construction and data collection. School-Based Health Centers (SBHCs) place critically needed services like medical, mental, dental, and vision care directly in schools where young people spend most of their time, maximizing their opportunity to learn and grow. SBHCs integrated into school buildings and/or on grounds allow easy access to meet the basic health needs of students while minimizing the loss of academic time.

To be eligible for funding, all applicant agencies must 1) be a local public or non-profit agency that can provide comprehensive primary healthcare to youth and have the capacity to accept an electronic funds transfer (EFT).

Potential applicants are encouraged to participate in an Information Session to be held via Teams meeting on Thursday, **May 15 25th at 12:00pm**. The session is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application. To receive a meeting invitation to the session, please contact LeAndra Capers at LeAndra.Capers@odh.ohio.gov and Jennifer.casertano@odh.ohio.gov.

All applications, including any required attachments, must be completed and received by ODH electronically via GMISP by **4:00pm on Monday, June 23rd, 2025**. Applications received after the due date will not be considered for review. If you have questions, please contact LeAndra Capers at LeAndra.Capers@odh.ohio.gov and Jennifer.casertano@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR
BUREAU OF MATERNAL, CHILD,
AND FAMILY HEALTH

**SCHOOL-BASED HEALTH CENTERS
SOLICITATION FOR FISCAL YEAR 2026(10/01/25 –
06/30/26)**

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/29/2023
For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

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

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

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

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

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

A. Policy and Procedures:

- B. The Funding Application consists of multiple parts: Program Narrative or Updates (if applicable for continuation funding), Program Budget and Budget Narrative, and Other Required Attachments.

An application for an Ohio Department of Health (ODH) grant consists of several required components including utilizing the Grants Management Information System Portal (GMISP) <https://odh.ohio.gov/about-us/funding-opportunities/resources/ofa-gmis>. 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, the application will not be considered for review.** In addition to the information maintained in GMISP, it is also maintained at the following website: <http://supplier.ohio.gov/>.

Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: 10/1/25-6/30/26 of the total performance project period, 10/1/25-6/30/27. Reference the competitive Solicitation for more information. Please note as of October 1, 2024, compliance with Uniform Grant Guidelines (UGG) is required.

First-tier subrecipient personnel paid using the funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

- The first-tier 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).
- First-tier subrecipient's budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The first-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- The first-tier subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

B. Application Name: *[Enter the initiative, project/program's name] e.g., **School-Based Health Centers***

C. Purpose: *School-Based Health Centers (SBHCs) place critically needed services like medical, mental health, dental, and vision care directly in schools where young people spend most of their time, maximizing their opportunity to learn and grow. SBHCs integrated into school buildings and/or on grounds allow easy access to meet the basic health needs of students while minimizing the loss of academic time. SBHCs, in partnership with committed healthcare and educational partners, offer a range of services including but not limited to physical health, vision, dental and behavioral health. SBHCs support the entire school community while addressing the needs of the whole child.*

D. Qualified Applicants: *All applicants must be a local public or non-profit agency, who has demonstrated the ability to provide comprehensive primary care services to youth. Applicants must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMISP access, then a GMISP access form must be submitted (Appendix B).*

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

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 business days of the invoice date.
2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
3. First-tier Subrecipients under any Federal award/contract/cooperative agreement must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
4. All applicants must have a Whistleblower Protection Policy as required by **200.217 Whistleblower Protections**
5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and

responsibility over confidentiality. The applicant has submitted an application and all required attachments by **4:00 p.m. on Monday 6/23/2025.**

- E. Service Area:** *Applicants must be able to provide comprehensive primary care services to youth within the school(s) or school district(s) as described in the project narrative. Priority will be given to proposals that demonstrate the highest need for counties, school districts or schools where a SBHC does not currently operate.*
- F. Number of Grants and Funds Available:** *The grant program is contingent on ODH being allocated money in the Ohio General Revenue Fund. If the amount allocated allows, ODH will fund up to 32 grants, with awards ranging from \$50,000-\$500,000 per year. The award amount will depend on the deliverables selected and the type of project proposed.*

	Year-One Funding (10/1/25-6/30/26)	Year-Two Funding (7/1/26-6/30/27)
Planning Grant	Up to \$50,000	Up to \$500,000 (up to \$250,000 in capital costs)
Start-Up Grant	Up to \$500,000 (up to \$250,000 in capital costs)	Up to \$100,000 for start-up support.
Operational/Expansion Grant	Up to \$500,000 (up to \$250,000 in capital costs)	Up to \$100,000 for operational support or SBHC expansion.

*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 GMISP by **4:00 p.m. by Monday, 6/23/25**. Applications and required attachments received after this deadline will not be considered for review.

Contact LeAndra Capers at LeAndra.Capers@odh.ohio.gov and Jennifer.casertano@odh.ohio.gov _with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in House Bill 33.

- I. Goals:** *The goal of this funding opportunity is to increase the number of SBHCs in Ohio by providing funding to gather information, support and resources needed to plan for a new SBHC in a community or school where one does not currently operate, to provide start-up funds to SBHC health partners to open a new SBHC, or provide funding to an established SBHC to support ongoing operation or expansion costs.*

- J. Program Period and Budget Period:** The program period will begin 10/1/25 and end on 6/30/27. The budget period for this application is 10/1/25 through 6/30/26.

- C. Public Health Accreditation Board (PHAB) Standard(s):**

- D. Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness)]. The PHAB standards are available at the following website: <https://phaboard.org/accreditation-recognition/version-2022/>

K. 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—Applicants are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

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

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

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

2. Public Health Impact Statement of Support—Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, note this when submitting the program summary with the grant application. If an applicant 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 Disparity Strategies

E. ODH is committed to the elimination of health disparities for all Ohioans. The items below are requirements for all first-tier subrecipients to ensure optimal health for all Ohioans is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.) As part of the application First-tier sub-recipients are required to:

- 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>
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

- 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.
- Identify measurable health disparity targets that demonstrate reducing disparities and improving health outcomes are critical goals to be achieved through program activities. This information must also be supported by data.
- Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities.
- Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.
- Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

L. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to, gender, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the First-tier subrecipient program, ODH will give priority consideration to those First-tier 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. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to **School-Based Health Centers**

- N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The First-tier 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:** Please contact LeAndra Capers at LeAndra.Capers@odh.ohio.gov and Jennifer.casertano@odh.ohio.gov.
- P. **Acknowledgment:** An application submitted status will appear in GMISP that acknowledges ODH system receipt of the application submission.

- Q. **Late Applications:** GMISP automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMISP by **Monday, 6/23/25 at 4:00 p.m.**
- R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.
- S. **Unsuccessful Applicants:** Within 30 business days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMISP.
- T. **Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities.
 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 can attain program objectives.
 4. Describe Specific, Measurable, Attainable, Realistic, Time-Phased (SMART) with respect to timelines and resources.
 5. Estimate reasonable cost to the ODH, considering the anticipated results.

6. Show that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel to reflect the communities served through grant funds.
 7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
 8. Respond to the special concerns and program priorities specified in the Solicitation.
 9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
 10. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.
 11. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program. 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.]*
 12. ODH will make the final determination and selection of successful/unsuccessful first-tier subrecipients and reserves the right to reject any or all applications for any given solicitations. All decisions are final and not appealable.
- 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 Maternal, Child, and Family Health, and was funded using the Ohio General Revenue Funds.”

- W. **Reporting Requirements:** Successful applicants are required to submit First-tier subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the of the funding source including all state, local, and federal policy and procedures, state, federal and local laws and ordinances before the department releases 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:** First-tier subrecipients program reports must be completed and submitted via GMISP, as required by the subgrant program by the following dates. ODH will provide a program report template at the beginning of the grant period. **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
October 1-31, 2025	November 10, 2025
November 1-30, 2025	December 10, 2025
December 1-31, 2025	January 10, 2026
January 1-31, 2026	February 10, 2026
February 1-28, 2026	March 10, 2026
March 1-31, 2026	April 10, 2026
April 1-30, 2026	May 10, 2026
May 1-31, 2026	June 10, 2026
June 1-30, 2026	July 10, 2026

Agencies must use the program report to receive reimbursement.

First-tier subrecipient Reimbursement Expenditure Reports: First-tier subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH. Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMISP. First-tier subrecipient monthly reimbursement expenditure reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
October 1-31, 2025	November 10, 2025
November 1-30, 2025	December 10, 2025
December 1-31, 2025	January 10, 2026
January 1-31, 2026	February 10, 2026
February 1-28, 2026	March 10, 2026
March 1-31, 2026	April 10, 2026
April 1-30, 2026	May 10, 2026
May 1-31, 2026	June 10, 2026
June 1-30, 2026	July 10, 2026

First-tier subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMISP** by the following dates: **(please see example below)**.

Period	Report Due Date
October 1—December 31, 2025	January 10, 2026
January 1—March 31, 2026	April 10, 2026
April 1—June 30, 2026	July 10, 2026

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

b. Final Expenditure Reports: A First-tier subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMISP by 4:00 p.m.** on or before August 5th, 2026. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final First-tier subrecipient expenditure reports via the GMISP system indicates acceptance of OGAPP. Clicking the “Approve” button constitutes an authorization of the submission by the agency official and serves as an 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 GMISP. The 30-day time-period, in which the First-tier 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 to GMISP.

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.

12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. 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. To pay for professional licenses.
17. To provide contraceptive services and/or gender identity counseling.
18. For the purchase, maintenance of mobile units, or mileage to clinics for mobile clinics.
19. For transportation to SBHC center from other buildings.

First-tier subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to First-tier subrecipients for purposes later discovered to be prohibited.

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

First-tier subrecipients that spend \$1,000,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The First-tier 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 business days of the receipt of the auditor's report, but no later than nine months after the end of the First-tier 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.

First-tier subrecipients that expend less than the \$1,000,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The First-tier 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 First-tier 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 business days.

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

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

AB. Application Submission: Formatting Requirements:

- Use application template provided in solicitation.
- 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 Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMISP application submission must consist of the following:

**Complete &
submit
online.**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program [(list each one or "NONE")]

II. APPLICATION REQUIREMENTS AND FORMAT

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

All applications must be submitted via GMISP. Submission of all parts of the grant application via the ODH's GMISP system

indicates acceptance of OGAPP. Submission of the application constitutes an authorization by the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and ODH.

A. Budget:

B. Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria. Any award made through this program is contingent upon the availability of funds for this purpose. The First-tier subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.

- B. .**
- **Cost-Sharing** is not required by this program. Do not include a cost 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: For deliverable subgrants provide a budget justification narrative outlining how the deliverable will be met. For base grants provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMISP). [Add the base language]

- **Personnel, Other Direct Costs, Equipment and Contracts:**
- Submit a budget with these sections and form(s) completed as necessary to support costs for the period [(Date) to (Date)]. Funds may be used to support personnel, training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement. Participant engagement and project evaluation costs can also be included as direct costs.

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

The first-tier subrecipient shall retain all original fully executed Notice of Award Acceptance (NOAA) on file. A completed "Confirmation of NOAA Agreement" (CCA) must be submitted via GMISP for each NOAA once it has been signed by both parties. All NOAA's must be signed and dated by all parties prior to any service being rendered and must be attached to the NOAA section in GMISP. The submitted NOAA must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued. The first-tier subrecipient shall itemize all equipment (minimum \$10,000, unit cost value) to be purchased with grant funds in the Equipment Section.

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

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

2. For base funded subgrants [Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.]

- Note to First-tier subrecipient position: please select one of the three options that apply. These options are available in GMISP.
 - Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the federal funder. If the first-tier subrecipient chooses this option, then the agreement must be submitted in GMISP as an attachment to the application.
 - If the First-tier subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the First-tier subrecipient may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.
 - Base the budget solely upon direct costs

3. Compliance Section: Answer each question on this form in GMISP 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 First-tier subrecipient must submit the assurances (Federal and State Assurances for First-tier subrecipients) form within GMISP. This form is submitted as a part of each application via GMISP. 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 submitting the application, the First-tier subrecipient agency acknowledges the financial standards of conduct as stated herein.

D. Project Narrative:

1. Executive Summary: Please use the application template for the Project Narrative. Please provide an overview of the project including the name of the school and services that will be provided.

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

- Briefly discuss the first-tier subrecipient agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Describe your organizational capacity, 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 (see standards below).

- National CLAS Standards
- American with Disabilities Act (ADA) Standards for Effective Communication
<https://www.ada.gov/effective-comm.htm>

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

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

- E. **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMISP. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.

- **Federal Funding Accountability and Transparency Act (FFATA):**
- All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISP. 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 first-tier applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) and Federal Funding Accountability and Transparency Act go to <https://sam.gov/fsrs>.

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

- **Participant Engagement:** Community engagement activities can lead to more effective and equitable grantmaking; improved trust, transparency, accountability; and meaningful incorporation of the knowledge, needs, and lived experiences of the affected individuals and communities into program design, implementation, and evaluation. The Uniform Grant Guidance 2 CFR 200.202 allows recipients to charge participant support as a direct cost to the subaward. Participant is defined as: An individual participating in or attending program activities under a federal award, such as training or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a federal award (such as consultants, project personnel, or staff members of a recipient or subrecipient) are not participants. Examples of participants may include community members participating in a community outreach program, members of the public whose perspectives or input are sought as part of a program, students, or conference attendees. Participant Support is defined as: Costs means

direct costs that support participants (see definition for Participant in § 200.1) and their involvement in a federal award, such as stipends or, subsistence allowances, travel allowances, registration fees, temporary dependent care, and per diem paid directly to or on behalf of participants. Under the revised Uniform Guidance (2 CFR §§ 200.407 and 200.456), federal grant recipients no longer need prior approval to charge participant support costs as direct costs to Federal funds.

- F. Attachment(s):** Attachments are documents which are not part of the standard GMISP application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMISP 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 GMISP bulletin board for instructions on how to submit attachments in GMISP. Attachments must be uploaded in GMISP by **4:00** p.m. on or before 6/23/25.

III APPENDICES

- A. Deliverable – Objective Descriptions
- B. SBHC Project Type Guidance
- C. Application Template
- D. Application Review Form

Appendix A

School-Based Health Centers Budget

Period: 10/1/25-6/30/26

of Deliverables: 9

Use Budget Justification Scenario #: x Deliverables Only

Deliverable — Objective 1: SBHC Business Plan

Agency must submit a Business Plan. A business plan template will be provided at the start of the grant period by ODH. Business plan/workplan must include a Community Needs Assessment, Health Opportunity Plan, Operations and Management Plans, SBHC staffing and services including staff credentials, SBHC location, Construction or renovation plans, Outreach and Marketing Strategies and Financial Projections and Sustainability plan. Due dates vary based on project type. Please see appendix D for additional information.

Deliverable — Objective 2: School Engagement/Advisory Committee

Planning First-tier subrecipients must form an advisory committee and work towards conducting quarterly advisory team meetings. Start-up and operational/expansion First-tier subrecipients must conduct quarterly meetings. The committee must have representatives from school administrators, SBHC providers and staff, and school nurses (if applicable). Agency must submit committee roster and/or meeting agendas and sign-in sheets. Due quarterly.

Deliverable — Objective 3: ODH Meetings

Agency must participate in SBHC meetings including monthly Community of Practice meetings, bi-monthly meetings with ODH SBHC Coordinator, technical assistance and training. Please see appendix D for additional information.

Deliverable — Objective 4: Program Reports

Agency must submit monthly program reports. Program reports should include updates on planning, implementation/construction progress, successes, challenges, and barriers. A program report template will be provided by ODH at the beginning of the grant period. Due monthly.

Deliverable — Objective 5: Staffing/Equipment

Agencies receiving funds for Start-Up or Operational/Expansion projects must submit staffing and medical/equipment supplies reimbursement forms with program reports. Staffing/Equipment reimbursement template will be provided by ODH at the beginning of the grant period. This deliverable is not applicable for the SBHC Planning First-tier subrecipients. Due monthly.

Deliverable — Objective 6: Data Collection

Agency must submit quarterly data reports to ODH. Data reports will include aggregate information on patients served and services provided. Data will be expected in the quarter when the SBHC becomes operational, no later than the 3rd quarter of the grant period for Start-Up First-tier subrecipients. This deliverable is not applicable for the SBHC Planning First-tier subrecipients. Due quarterly.

Deliverable — Objective 7: Construction

Agency must submit: A construction plan, a quote from contractor including signed agreement with company and school district, and code inspections during construction. Agency must also provide construction updates in monthly program report. A final report showing photos of completed work must be submitted at the end of the grant period. This deliverable is not applicable for the SBHC Planning First-tier subrecipients.

Optional Deliverable — Objective 8: Academic Data Deliverable

Applicants may apply for optional funds to incorporate data collection and utilization in their SBHC operations to collect saved classroom seat time, among other academic data indicators. Agencies who previously received ODH funding for the optional academic data deliverable may apply to continue this work at current locations, expand the pilot to other delivery models, expand data indicators to collect, or if they are opening a new site utilizing start-up or expansion funds. Agencies who have not previously received ODH funding for the optional academic data deliverable and are applying for operational or expansion funds may apply to conduct this work. Health partners must adjust/change the electronic health record system to collect the information. Please see appendix D for more information.

Optional Deliverable — Objective 9: Behavioral Health Pediatric Mental Health Care Access Quality Improvement Project

Applicants may apply for optional funds to develop a quality improvement plan including a flowchart or procedure for using behavioral health consultation through the Ohio Pediatric Psychiatry Access Line (OPPAL). Agency must include action steps in work plan and provide monthly updates in program report. A final report will also be submitted at the end of the grant period. Please see appendix D for more information.

Appendix B

SBHC Project Type Guidance

School-Based Health Centers (SBHCs) place critically needed services like medical, mental, dental, and vision care directly in schools where young people spend most of their time, maximizing their opportunity to learn and grow. SBHCs integrated into school buildings and/or on grounds allow easy access to meet the basic health needs of students while minimizing the loss of academic time. SBHCs, in partnership with committed healthcare and educational partners, offer a range of services including but not limited to physical health, vision, dental and behavioral health. SBHCs support the entire school community while addressing the needs of the whole child.

- SBHCs improve access to health care for children in rural areas, increase time spent learning in school by reducing travel to regular health appointments, improve follow-up compliance, and better serve adolescents.
- SBHCs provide financial savings to children and their families. Health care provided by SBHCs prevents secondary losses of time and productivity for parents who would otherwise have to leave work to bring their children to appointments.
- SBHC utilization has been associated with improved educational outcomes, such as improved GPAs, attendance, grade promotion, college preparation, and reduced rates of suspensions.
- SBHCs may promote social mobility and improve health disparity by meeting the needs of disadvantaged populations and removing barriers to health care services.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6381423/>

ODH seeks to continue and expand support for SBHCs in Ohio in SFY26 and SFY27. The intent of this funding is to support projects that will:

- Increase the number, capacity, and sustainability of SBHCs in Ohio.
- Improve the health and educational outcomes of children and youth in Ohio.
- Continue efforts to increase optimal health for all throughout Ohio and prioritize serving, engaging, and supporting underserved communities, including rural and [Health Care Professional Shortage Areas \(HPSAs\)](#).

The Ohio Department of Health intends to fund three project types for School-Based Health Centers, contingent on funding in the state budget:

- **SBHC Planning Grant:** Up to \$50,000 for planning grants for a new school-based health center (SBHC) in a school where one does not currently operate. *No implementation funds will be issued in year one. First-tier subrecipients who receive planning funds in year 1 may apply for up to \$500,000 in start-up funds in year 2, contingent on funding in the state budget.*
- **SBHC Start-Up Grant:** Up to \$500,000 for start-up grants to start and open a SBHC where one does not currently operate. Operators must have experience working with SBHCs, have a complete business plan and a MOU with a school district to apply for funds. The SBHC should be operational within 6 months from the start of the grant. Up to \$250,000 may be used for capital costs. All funds must be spent by 6/30/26. Please see the [Office of Budget and Management](#) for more information on the allowable uses of capital funds. Start-Up grant First-tier subrecipients may apply for up to \$100,000 in operational/expansion funds in year 2, after initial start-up costs are utilized in year 1, contingent on funding in the state budget.

- **SBHC Operational or Expansion Grant:** Up to \$500,000 to continue SBHC operations or expand the service area, dental, vision, behavioral health, and/or telehealth services. *SBHC expansion services should be operational within 6 months from the start of the grant. Up to \$250,000 may be used for capital costs. All funds must be spent by 6/30/26. Please see the [Office of Budget and Management](#) for more information on the allowable uses of capital funds. Operational/Expansion First-tier subrecipients may apply for up to \$100,000 to continue operational/expansion efforts in year 2, contingent on funding in the state budget.*

Planning and Start-Up projects should follow Ohio's common [School-Based Health Center](#) definition developed by the [Ohio School-Based Health Alliance](#). Expansion projects may include innovative ways to deliver school-based health care services including telehealth, portable provider, mobile unit, school linked and hub and spoke models.

	Year-One Funding (10/1/25-6/30/26)	Year-Two Funding (7/1/26-6/30/27)
Planning Grant	Up to \$50,000	Up to \$500,000 (up to \$250,000 in capital costs)
Start-Up Grant	Up to \$500,000 (up to \$250,000 in capital costs)	Up to \$100,000 for operational support or SBHC expansion.
Operational/Expansion Grant	Up to \$500,000 (up to \$250,000 in capital costs)	Up to \$100,000 for operational support or SBHC expansion.

Applicants may only submit one proposal. ODH will not fund one agency for two project types. Planning and Start Up funds are only available for a new SBHC in a school where one does not currently operate. **Funding after year one is not guaranteed and will be dependent on meeting grant deliverables and availability of state funding.**

To be considered for funding, applicants must demonstrate that the majority of clients served by the SBHC or proposed SBHC will be students pre-k through grade 12.

Priority will be given to proposals that demonstrate the highest need using the following:

[Health Professional Shortage Areas \(HPSAs\)](#). Shortage areas, such as Health Professional Shortage Areas (HPSAs), focus limited resources on communities with the greatest need for health care services. Agencies can utilize this tool to determine if the proposed SBHC falls within an HPSA.

[Ohio Health Improvement Zones \(OHIZ\)](#) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities.

[Youth Wellbeing dashboard](#) combines data from the [DEW School Report Card](#), Healthy Student Profiles, the Community of Wellbeing: Social Determinants of Health (SDoH), Social Vulnerable Index (SVI), Health Professionals Shortage Areas (HPSA), and Ohio Opportunity Index. Data is geocoded at the

school district and census tract levels. A bivariate colored map of HPSAs and SVI levels to help pinpoint census tracts with low health support access.

[Ohio Healthy Students Profiles](#) Ohio Department of Education and Workforce and the Ohio Department of Medicaid provides the Ohio Healthy Students Profiles as resource for needs assessments and planning. The profiles describe health care interactions, health conditions, and educational indicators for Medicaid-participating students.

The [DEW School Report Card](#) provides parents, caregivers, community members, educators and policymakers information about district and school performance — to celebrate successes and identify areas for improvement. The report cards include data on important indicators such as attendance.

Applicant Eligibility:

Health partners must be able to do the following:

- To provide comprehensive primary healthcare to youth.
- Be licensed to do business in the State of Ohio, or a comparable equivalent.
- Manage funds, staff and operations for the intended SBHC.
- Provide appropriate clinical supervision to the SBHC (medical, behavioral health, dental and vision) and ensure all providers practice within the scope of licenses.
- Bill third parties, including Medicaid and/or other federal sources, for reimbursement of services.
- Submit required SBHC data to the Ohio Department of Health.
- Have agreements (such as a Memorandum of Agreement, Memorandum of Understanding, etc.) in place which outlines the support of the school and school district where the SBHC will be located. Planning grants must have a letter of support from their partner school district.

Planning Grants

- This funding is intended to support the planning of a new SBHC on or next to a school.
- The health partner must submit a letter of support (LOS) from the partnering school district with their application. The letter of support should detail the proposed SBHC partnership, including the roles and responsibilities of the school district and indicate that the school district will find space in or on school grounds to accommodate a SBHC clinic.
- Health partners who successfully complete the planning grant may apply for start-up funds in year Two.
- The [school-based health center common definition](#) developed by the Ohio School-Based Health Alliance should be used.

Start-Up Grants

- This funding is intended to support experienced SBHC health partners.
- Health partners must have SBHC experience or have been previously funded by ODH through a SBHC planning contract. The health partner should have an existing MOU with a school district they plan to partner with. The MOU should detail the proposed SBHC partnership, including the roles and responsibilities of the school district and indicate that the school district will find space in or on school grounds to accommodate a SBHC clinic.

- Health partners should have a business plan including a needs assessment, community engagement plan, construction plan (if requesting capital funds) and timeline for project.
- The [school-based health center common definition](#) developed by the Ohio School-Based Health Alliance should be used.

Operational/Expansion Grants

- This funding is intended to support experienced SBHC health partners.
- Priority will be given to agencies expanding dental, vision, behavioral health or telehealth services.
- Health partner should currently operate a SBHC and have a signed MOU with school district. The MOU should detail the existing SBHC partnership, including the roles and responsibilities of the school district and indicate that the school district will find space in or on school grounds to accommodate a SBHC clinic expansion. The school district partnership should be in place at the time of application.
- Health partner should have a business plan including a needs assessment, community engagement plan, construction plan (if requesting capital funds) and timeline for project.
- Project may follow the [school-based health center common definition](#) developed by the Ohio School-Based Health Alliance or provide innovative school-based health care models including telehealth, portable provider, mobile unit, school linked and hub and spoke.

Applicant Eligibility:

Health partners must be able to do the following:

- Be licensed to do business in the State of Ohio, or a comparable equivalent.
- Manage funds, staff and operations for the intended SBHC.
- Provide appropriate clinical supervision to the SBHC (medical, behavioral health, dental and vision) and ensure all providers practice within the scope of licenses.
- Bill third parties, including Medicaid and/or other federal sources, for reimbursement of services.
- Submit required SBHC data to the Ohio Department of Health.
- Have agreements (such as a Memorandum of Agreement, Memorandum of Understanding, etc.) in place which outlines the support of the school and school district where the SBHC will be located. Planning grants must have a letter of support from their partner school district.

Year one allowable costs:

	Planning Grant	Start-Up Grant	Operational/ Expansion Grant
Grant Purpose	Provide funding to gather information, support and resources needed to plan for a new SBHC in a community or school where one does not currently operate.	Provide funding for start-up costs to open an SBHC where one does not currently operate.	Provide funding for established SBHCs for ongoing operations or expansion costs.

	Planning Grant	Start-Up Grant	Operational/ Expansion Grant
Allowable Grant Activities, Purchases and Costs (including but not limited to)	Staff time. Community engagement activities. Youth engagement. Training. Supplies.	Supplies. Equipment/technology. Furniture. Capital improvements (Up to \$250,000. ODH cannot cover the upfront costs for construction. Agencies must invoice for services that have been completed by the contractor.) Community engagement activities. Training. Marketing. Telehealth equipment. Youth engagement activities. Staff time.	Supplies. Equipment/technology. Community engagement activities. Training. Marketing. Telehealth equipment. Youth engagement activities. Staff time.
Eligibility	Health Partners working with a school where an SBHC does not currently operate. Business plan will be developed throughout grant period. No implementation funds are offered for year one.	Health Partners with SBHC experience or were previously funded by ODH through a SBHC planning contract. School district partnership is in place and business plan is developed. SBHC should be operational within six months from the beginning of the grant period. This funding includes start-up funds for implementation.	Health Partners with SBHC experience and a current SBHC. School district partnership is in place and business plan is developed. Expansion of services should be operational within 6 months of the start of the grant period.
Minimum requirements for SBHC Services and Staffing	<ul style="list-style-type: none"> All funded SHBCs must offer or plan to offer primary care services: comprehensive health assessments/well child exams, diagnosis and treatment of minor, acute, and chronic medical conditions, and referrals to and follow-up for specialty care. An SBHC operates in accordance with federal, state and local laws and regulations, including those relating to licensure and certification, information sharing, and consent for treatment. 		

Unallowable costs, funds cannot be used:

- To pay for professional licenses.
- To provide contraceptive services and/or gender identity counseling.
- For the purchase, maintenance of mobile units, or mileage to clinics for mobile clinics.
- For transportation to SBHC center from other buildings.

Deliverable #	Deliverable Description	Planning Grant	Start-Up Grant	Operational/Expansion Grant
1	SBHC Business Plan	<p>Agency must submit a Business Plan. A business plan template will be provided at the start of the grant period by ODH.</p> <p>Business plan/workplan must include:</p> <ul style="list-style-type: none"> • Community Needs Assessment. • Health Opportunity Plan. • Operations and Management Plans. • SBHC staffing and services including staff credentials. • SBHC location. • Construction or renovation plans. • Outreach and Marketing Strategies. • Financial Projections and Sustainability plan. <p>(Draft Due 6 months after start of grant, final business plan due at the end of the grant period)</p>	<p>Agency must submit an updated Business Plan using the template provided at the start of the grant period.</p> <p>Business plan/workplan must include:</p> <ul style="list-style-type: none"> • Community Needs Assessment. • Health Opportunity Plan. • Operations and Management Plans. • SBHC staffing and services including staff credentials. • SBHC location. • Construction or renovation plans (if applicable). • Outreach and Marketing Strategies. • Financial Projections and Sustainability plan. <p>(Due 2 months after start of grant period)</p>	
2	School Engagement/	Agency must form an advisory committee. The committee must have	Agency must conduct quarterly Advisory/steering committee meetings. The committee must have representatives from school administrators, SBHC providers and staff, and school nurse (if	

Deliverable #	Deliverable Description	Planning Grant	Start-Up Grant	Operational/Expansion Grant
	Advisory Committee	<p>representatives from school administrators, SBHC providers and staff, and school nurse (if applicable). Additional committee members may depend on the school district. Agency must hold at least 3 meetings by the end of the grant period.</p> <p>Agency must submit committee roster and meeting agendas and sign-in sheets. Due quarterly (Q1 agency may submit committee roster.)</p>	<p>applicable). Additional committee members may depend on the school district.</p> <p>Agency must submit agendas and sign-in sheets. Due quarterly.</p> <p>Funds may be used to develop or enhance a Student SBHC Youth Engagement Team or Advisory Council. These funds can be used for staff time or other resources to support the work, including incentives for youth in the form of gift cards. Cash payment to youth cannot be used within this deliverable.</p>	
3	ODH Meetings	<ul style="list-style-type: none"> Attend monthly SBHC Community of Practice meetings. Agency may be asked to present and co-facilitate a meeting. At least (1-3) agency representatives must attend the Ohio SBHC Conference. Agency may send (1-3) representatives to attend the attend the National SBHC Conference. 	<ul style="list-style-type: none"> Attend bi-monthly Community of Practice Meetings. Agency may be asked to present and co-facilitate a meeting. At least (1-3) agency representatives must attend the Ohio SBHC Conference. Agency may send (1-3) representatives to attend the attend the National SBHC Conference. Participate in quarterly one-on-one meetings with ODH program manager. Participate in technical assistance and training. 	

Deliverable #	Deliverable Description	Planning Grant	Start-Up Grant	Operational/Expansion Grant
		<ul style="list-style-type: none"> Participate in bi-monthly one-on-one meetings with ODH SBHC coordinator. Participate in technical assistance and training. 		
4	Program Reports	Agency must submit monthly program reports. Program reports should include updates on planning progress, including successes, challenges, and barriers. A program report template will be provided by ODH at the beginning of the grant period.	Agency must submit monthly program reports. Program reports should include updates on implementation/construction progress, including successes, challenges, and barriers. A program report template will be provided by ODH at the beginning of the grant period.	
5	Staffing/Equipment	NA	Staffing and medical/equipment supplies reimbursement forms must be submitted with program reports. Staffing/Equipment reimbursement template will be provided by ODH at the beginning of the grant period.	
6	Data	NA	Agency must submit quarterly data reports to ODH. Data reports will include aggregate information on patients served and services provided. Data will be expected in the quarter when the SBHC becomes operational, no later than the 3rd quarter of the grant period.	Agency must submit quarterly data reports to ODH. Data reports will include aggregate information on patients served and services provided.
7	Construction	NA	Agency must submit: A construction plan, a quote from contractor including signed agreement with company and school district. Submit code inspections during construction.	

Deliverable #	Deliverable Description	Planning Grant	Start-Up Grant	Operational/Expansion Grant
			Submit construction updates in program report. Final report showing photos of completed work.	
8	(Optional) Academic Data Deliverable (up to \$200,000 for new agencies, up to \$100,000 for agencies who were previously funded by ODH for the optional data deliverable)	NA	<p>Start-up agencies who have not been funded for the optional academic data deliverable in the past are not eligible in year one.</p> <p>Agencies who previously received ODH funding for the optional academic data deliverable may apply to continue this work at current locations, expand the pilot to other delivery models, expand data indicators to collect, or if they are opening a new site. Deliverable requirements:</p> <ul style="list-style-type: none"> • Provide monthly updates regarding progress. • Submit monthly seat-time data, and any other academic data metrics collected. • Participate in bi-monthly seat-time data Community of Practice. • Submit final report (will include summary of the project, aggregate data and how data is communicated back to the school, at a minimum). • Optional expansion for additional metrics or sites. 	<p>Agencies who have never received funds from ODH for the optional academic data deliverable:</p> <ul style="list-style-type: none"> • Submit workplan outlining the activities for the Optional Academic Data Deliverable. • Provide monthly updates regarding progress. • Submit workflow and EHR change approval and implementation process. • Submit monthly seat-time data, and any other academic data metrics collected (within 6 months of project start date). • Participate in bi-monthly seat-time data Community of Practice. • Submit final report (will include summary of the project, aggregate data and how data is communicated back to the school, at a minimum).

Deliverable #	Deliverable Description	Planning Grant	Start-Up Grant	Operational/Expansion Grant
				<p>Agencies who previously received ODH funding for the optional data deliverable may apply to continue this work at current locations, expand the pilot to other delivery models, expand data indicators to collect, or if they are opening a new site.</p> <p>Deliverable requirements:</p> <ul style="list-style-type: none"> • Provide monthly updates regarding progress. • Submit monthly seat-time data, and any other academic data metrics collected. • Participate in bi-monthly seat-time data Community of Practice. • Submit final report (will include summary of the project, aggregate data and how data is communicated back to the school, at a minimum).
9	(Optional) Behavioral Health Pediatric Mental Health Care Access Quality Improvement Project	NA	NA	Develop a quality improvement plan, including a flowchart or procedure for using behavioral health consultation through the Ohio Pediatric Psychiatry Access Line (OPPAL). Agency must include action steps in work plan and provide

Deliverable #	Deliverable Description	Planning Grant	Start-Up Grant	Operational/Expansion Grant
				monthly updates in program report. A final report will also be submitted at the end of the grant period.

Optional Deliverables:

Academic Data Deliverable (up to \$200,000)

SBHCs can treat students and minimize school tardiness, absences, and early dismissals by providing needed health services on or next to school campuses. Students treated at school frequently return to class to finish the school day. Students without SBHCs who need medical attention often need to be picked up by parents or caregivers to seek medical care off site resulting in loss of school time or “seat time”. Over the length of a school year, loss of seat time can impact a school’s attendance rating, overall student success rate and many other academic variables by which schools are evaluated. Applicants may apply for optional funds to incorporate data collection and utilization in their SBHC operations to collect saved classroom seat time, among other academic data indicators. Agencies who previously received ODH funding for the optional academic data deliverable may apply to continue this work at current locations, expand the pilot to other delivery models, expand data indicators to collect, or if they are opening a new site utilizing start-up or expansion funds. Agencies who have not previously received ODH funding for the optional academic data deliverable and are applying for operational or expansion funds may apply to conduct this work.

Agencies that are funded for the optional academic data deliverable must collect classroom saved seat time, at a minimum – see more information here: <https://tools.sbh4all.org/test-measures-toolkit/classroom-seat-time-saved/>.

Optional Behavioral Health Pediatric Mental Health Care Access (PMHCA) Quality Improvement Project (up to \$20,000)

The Ohio Pediatric Psychiatry Access Line (OPPAL) is a statewide initiative that aims to increase child and adolescent primary care providers’ capacity to treat patients with mental or behavioral health conditions by increasing access to child psychiatrists, provider education and local community resource navigation. Pediatric primary care providers can call to request individual consultation by a pediatric psychiatrist on a variety of topics including medications and prescribing, specific conditions (i.e. eating disorders, ADD/ADHD, autism, etc.) and other treatment plan questions. Education resources and trainings will be provided by OPPAL. Additionally, community resource navigation will help link families to services within their own communities. Examples of quality improvement projects include but are not limited to creating a process for utilization of the consultation services when appropriate, participating in training activities and incorporating training objectives in workflow, and/or partnering with OPPAL to create community resource portfolio with an innovative approach to referrals.

More information on partnerships between SBHCs and PMHCA programs can be found here; <https://www.sbh4all.org/pediatric-mental-health-access-pmhca-programs-partnerships-with-schools-and-sbhcs/>.

Appendix C

Application Template

Question	Response
Eligibility	
Are you a healthcare provider who is able to provide comprehensive primary care to youth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please demonstrate that the majority of clients served by the SBHC or proposed SBHC will be students pre-k through grade 12.	
Does your application Includes a letter of support from superintendent, governing authority or school board.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Executive Summary	
Please provide an overview of the project including the name of the school and services that will be provided.	
Describe the public health problem(s) that the program will address.	
Please describe why you chose this school/school district.	
Name the primary contact(s) for this project who will attend meetings with ODH. Please list 2 and include email addresses.	
Description of Applicant Agency	
What is your organization's history, current mission, and goals?	
What is your organization's administrative structure? Who will be responsible for the day-to-day operations? Who will be responsible for the financial reports?	

<p>Please describe your experience and history of working with SBHCs. If currently operating a SBHC, include the following information:</p> <ul style="list-style-type: none"> • Number of students served in past year, number of adults served in past year, and percentage of student body that had permission forms on file in the past year. • Number of SBHC clinics run by your agency, number of school districts your agency collaborates with for SBHCs, and if your SBHC(s) serves community members as well as students. <p>If applying for planning or start-up funds and have no history of operating an SBHC, describe your agency's experience in working with pediatric and adolescent populations and provide number of children 0-18 served and types of services provided in previous year.</p>		
What is your organization's experience managing ODH grants? Has your agency been previously funded by an ODH SBHC grant?		
Briefly describe your collaborating partners for opening, operating or expanding a SBHC. Include names and contact information for partnering school or district staff responsible for collaboration activities. Be sure not to forget to include a letter of support from superintendent, governing authority or school board.		
Do you anticipate any barriers or challenges working with your school partner or community?		
Problem/need		
Utilize data to describe the need for this SBHC project using sources such as the Health Professional Shortage Areas (HPSAs), Ohio Health Improvement Zones (OHIZ), Youth		

Wellbeing dashboard, Ohio Healthy Students Profiles and/or other available local or community data described above.	
What geographic area is being served? Please describe the county and school district. How many students are in this service area? Please provide demographic data for the population you will be serving.	
Methodology	
Identify program (Specific, Measurable, Achievable, Reasonable, Time-Bound, Inclusive and Equitable) SMART-IE goals.	
Describe your needs assessment results and identify any unmet needs, gaps or barriers and explain how having a SBHC in this community would address these gaps. If you are applying for planning funds, describe your plan for your needs assessment process.	
<p>Describe the SBHC/proposed SBHC. Please include:</p> <ul style="list-style-type: none"> • The proximity of the SBHC to the students served. • How you will serve students from other buildings inside the district (if applicable). • Does your plan include a transportation model? If yes, please describe how transportation model will function and how it will be funded. • The days and hours of clinic operation. Will clinics be open over summer and during school breaks? <p>The services that will be provided.</p> <ul style="list-style-type: none"> • How you will ensure 24/7 healthcare access for students (ex: referral line linkage, or on call provider coverage). 	

How do you plan to engage with the school district administration, staff, school nurse, students and families?	
Describe your electronic health record (EHR) and describe how you collect data for SBHC clients. Include: the type of information you collect; any data sharing agreements or processes in place with the school districts you serve; any academic data indicators you collect or utilize; and how you utilize data for quality improvement processes.	
Describe how you will staff the SBHC. Please include staff credentials.	
Briefly describe your community engagement plan.	
Describe your process for caregiver consent. Will it be electronic or paper forms? How long are your consents good for?	
Describe communication plan between school (including school nurse if applicable), family, and medical home.	
Does the school you are partnering with or plan to partner with have a school nurse? If so, how is the school nurse involved in the planning process?	
Please describe your partnership and communication process with the school district. Do you know how the district's Wellness and Success funds are used?	
Budget	
How much funding are you requesting? Are you applying for planning, start-up or expansion funding?	

Include a budget breakdown using the budget template provided in the RFP.		
(Optional) Data Deliverable		
<p>If applying for funds for the Optional Academic Data Deliverable, describe:</p> <ul style="list-style-type: none"> • Academic indicators to be collected (classroom saved seat time is required at a minimum – see more information here: https://tools.sbh4all.org/test-measures-toolkit/classroom-seat-time-saved/). • Sites/students/delivery models that will be included in the project. • How this project will impact your SBHC operations, improve services for students, and any other outcomes you are expecting. • How your agency plans to use the funds to embed the collection and utilization of saved seat time and other academic indicators into your SBHC operations, including how you will: <ul style="list-style-type: none"> • Adjust/change the electronic health record system to collect the information. • Adjust the workflow for the SBHC and providers to collect this information. • Analyze, review and utilize the data once received (who/how). • Share the information back to partnering school districts (and others if applicable). 		
(Optional) Behavioral Health Pediatric Mental Health Care Access Quality Improvement Project		
If applying for funds for the Optional PMHCA Quality Improvement project, describe:		

<ul style="list-style-type: none">• How your SBHC will benefit from individual psychiatric consultation, educational materials or community behavioral health resource navigation. <p>Include a plan to incorporate the QI project in the workplan and updates in monthly reports.</p> <ul style="list-style-type: none">• Include brief draft of QI plan or potential workflow of OPPAL utilization.	

Appendix D
Application Review Form

Project Narrative	Points Possible	Score	Comments (strengths/areas for improvement)
Eligibility			
Applicant demonstrates that the majority of clients served by the SBHC or proposed SBHC will be students pre-k through grade 12.	NA	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Includes a letter of support from superintendent, governing authority or school board.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Executive Summary			
Applicant provides an overview of the project including the name of the school and services that will be provided.	10		
Applicant describes the public health problem(s) that the program will address.	10		
Applicant describes why they chose this school/school district.	10		
Names the primary contact(s) for this project who will attend meetings with ODH. Please list 2 and include email addresses.	5		
Description of Applicant Agency			
Applicant describes the organization's history, current mission, and goals.	5		
Applicant describes their administrative structure, including who will be	5		

responsible for the day-to-day operations and financial reports.			
<p>Applicant describes their experience and history of working with SBHCs. If they are currently operating a SBHC, they include the following information:</p> <ul style="list-style-type: none"> • Number of students served in past year, number of adults served in past year, and percentage of student body that had permission forms on file in the past year. • Number of SBHC clinics run by your agency, number of school districts your agency collaborates with for SBHCs, and if your SBHC(s) serves community members as well as students. <p>If applicant is applying for Planning or Start-Up funds and has no history of operating an SBHC, they describe their agency's experience in working with pediatric and adolescent populations and provide number of children 0-18 served and types of services provided in previous year.</p>	20		
Applicant describes their organization's experience managing ODH grants. Includes information on past performance on previous ODH SBHC grant.	20		
Describes collaborating partners for opening, operating or expanding a SBHC. Includes names and contact information for partnering school or district staff responsible for collaboration activities.	10		
	10		

Describes any barriers or challenges working with your school partner or community.			
Problem/need			
Uses data to describe the need for this SBHC project using sources such as the Health Professional Shortage Areas (HPSAs), Ohio Health Improvement Zones (OHIZ), Youth Wellbeing dashboard, Ohio Healthy Students Profiles and/or other available local or community data described above.	20		
Describes the geographic area that is being served, including the county and school district, how many students are in this service area, and demographic data for the population you will be serving.	20		
Methodology			
Identifies program (Specific, Measurable, Achievable, Reasonable, Time-Bound, Inclusive and Equitable) SMART-IE goals.	10		
Describes needs assessment results and identifies any unmet needs, gaps or barriers, and explains how having a SBHC in this community would address these gaps. Planning SBHC applicants describe their plan for the needs assessment process.	10		
Describes the SBHC/proposed SBHC. Includes: <ul style="list-style-type: none"> • The proximity of the SBHC to the students served. • How they will serve students from other buildings inside the district (if applicable). • 	30		

<ul style="list-style-type: none"> • • • Does their plan include a transportation model? If yes, they describe how transportation model will function and how it will be funded. • The days and hours of clinic operation. Will clinics be open over summer and during school breaks? • The services that will be provided. • How they will ensure 24/7 healthcare access for students (ex: referral line linkage, or on call provider coverage). 			
Describes plan to engage with the school district administration, staff, school nurse, students and families.	10		
Describes their electronic health record (EHR) and describe how they collect data for SBHC clients. Includes: the type of information they collect; any data sharing agreements or processes in place with the school districts they serve; any academic data indicators they collect or utilize; and how they utilize data for quality improvement processes.	10		
Describes how they will staff the SBHC, including staff credentials.	10		
Describes their community engagement plan.	10		
Describes their process for caregiver consent. Will it be electronic or paper forms? How long are consents good for?	10		
Does the school they are partnering with or plan to partner with have a school	10		

nurse? If so, how is the school nurse involved in the planning process?			
Includes information on how the district's Wellness and Success funds are used.	10		
Budget			
Describes funding requested and type of SBHC project (planning, start-up or expansion funding)	10		
Includes a budget breakdown and budget narrative.	10		
The proposed budget is reasonable for project scope and anticipated outcomes.	10		
(Optional) Data Deliverable			
Describes: <ul style="list-style-type: none"> Academic indicators to be collected (classroom saved seat time is required at a minimum – see more information here: https://tools.sbh4all.org/test-measures-toolkit/classroom-seat-time-saved/). Sites/students/delivery models that will be included in the project. How this project will impact SBHC operations, improve services for students, and any other outcomes expected. How the agency plans to use the funds to embed the collection and utilization of saved seat time and other academic indicators into SBHC operations, including how the agency will: <ul style="list-style-type: none"> Adjust/change the electronic health record system to collect the information. Adjust the workflow for the SBHC and providers to collect this information. 	20		

<ul style="list-style-type: none"> Analyze, review and utilize the data once received (who/how). Share the information back to partnering school districts (and others if applicable). 			
(Optional) Behavioral Health Pediatric Mental Health Care Access Quality Improvement Project			
<p>Describes:</p> <ul style="list-style-type: none"> How the SBHC will benefit from individual psychiatric consultation, educational materials or community behavioral health resource navigation. Includes a plan to incorporate the QI project in the workplan and updates in monthly reports. Includes a brief draft of QI plan or potential workflow of OPPAL utilization. 	20		