



MEMORANDUM

Date: April 18, 2025

To: IO25 First-tier subrecipient agencies

From: Debi Kroninger, Chief of Health Programs, Medical Director's Office/DK

Subject: Integration of Oral Health into Prenatal Care Program (IO26) Continuation Solicitation

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health, Oral Health Program announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., Monday, June 9, 2025**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System Portal (GMISP).

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 until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMISP Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website, <https://odh.ohio.gov/about-us/funding-opportunities/sfy-25/io25-integration-of-oral-health-into-prenatal-care-program-solicitation>.

If you have questions, please contact Star Sawicki, Oral Health Integration Program Coordinator at (614) 644-8496 or e-mail at Star.Sawicki@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH policy, 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: Oct. 1, 2025 through Sept. 30, 2026 of the total project period, Oct. 1, 2024 through Sept. 30, 2027. Reference the competitive Solicitation, [IO25 Integration of Oral Health into Prenatal Care](#), for more information. Please note as of October 1st, 2024, compliance with 2 CFR 200, Uniform Grant Guidance is required.

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.

- 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.
- First-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of under 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 in regard to subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- 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. Number of Grants and Funds Available: Funding to support the Integration of Oral Health into Prenatal Care subgrant program is derived from federal sources. Up to \$150,000 from the Health Resources and Services Administration's Maternal and Child Health Block Grant is available to be awarded to three agencies. Eligible agencies may apply for funding in the continuation grant budget period for a maximum award of \$50,000. Only those agencies currently funded are eligible to apply. Eligible applicants are Columbus Neighborhood Health Centers, Nationwide Children's Hospital, and Third Street Family Health Services.

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

C. Formatting Requirements for Attachments:

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

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 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 the Federal award 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.
6. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, June 9, 2025.**

II. PROGRAM UPDATES:

- A. Program Progress Report:** Complete and submit Appendix E, 2025 Program Progress Report. The progress report should describe any accomplishments for the program to date that are not reflected in the quarterly program reports. Clearly include reasons for less-than-expected progress toward accomplishing planned activities or achieved milestones or outcome objectives. Describe problems encountered and planned approaches to overcome them.
- B. Program Narrative:** Complete and submit a narrative statement [do not exceed four (4) pages] which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the First-tier subrecipient wishes to share for continuation funding. Delineate all personnel who will be directly involved in programming activities; describe roles and hours per week each staff person will be involved in the project. Designate the agency's primary contact person for the project. Define the number and type of health care professionals (e.g., physicians, nurse practitioners, etc.) currently providing prenatal services in Appendix F.

C. Documentation and Progress on Health Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health disparity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

D. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria ([IO25, Integration of Oral Health into Prenatal Care](#)).

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. An example of budget justification can be found on the GMISP Bulletin Board. For your convenience, a budget justification narrative example is available in Appendix D.

Cost Sharing is not required by this program. Do not include 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.

- 2. 2026 Budget via GMISP:** Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period Oct. 1, 2025 through Sept. 30, 2026. Funded agencies are required to employ or contract for one or more persons to oversee grant activities including planning, program development and evaluation, case management and reporting. These staff must work enough hours to accomplish the grant activities.

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

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

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

1. To advance political or religious points of view or for 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. Providing clinical prenatal care services.

17. Providing clinical dental services.

Applicants **may not** use Integration of Oral Health into Prenatal Care Program funds to supplant existing funds.

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..

E. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

1. Appendix E, 2025 Program Progress Report
2. Appendix F, Practice Site Locations and Prenatal Care Provider Information

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMISP project number.

a. Other Required Documentation:

- 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 on the following website: <http://supplier.ohio.gov/>.

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

- **Audit:** First-tier subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMISP Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMISP. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each First-tier subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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 submission of an application, the First-tier subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **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, and the FFATA reporting form match. ODH will hold all payments if an applicant’s

information does not successfully upload into the federal system.

- All new applicants 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 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>.

- **For Non-Profit Organizations Only:**

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

F. Human Trafficking:

- G.** 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, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

H.

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

X **Applicable to Integration of Oral Health into Prenatal Care Program**

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

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

Reports shall be submitted as follows:

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

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
Oct. 1 – Oct. 31, 2025	Nov. 10, 2025
Nov. 1 – Nov. 30, 2025	Dec. 10, 2025
Dec. 1 – Dec. 31, 2025	Jan. 10, 2026
Jan. 1 – Jan. 31, 2026	Feb. 10, 2026
Feb. 1 – Feb. 28, 2026	March 10, 2026
March 1 – March 31, 2026	April 10, 2026
April 1 – April 30, 2026	May 10, 2026
May 1 – May 31, 2026	June 10, 2026
June 1 – June 30, 2026	July 10, 2026
July 1 – July 31, 2026	Aug. 10, 2026
Aug. 1 – Aug. 31, 2026	Sept. 10, 2026
Sept. 1 – Sept. 30, 2026	Oct. 10, 2026

- b. **First-tier subrecipient Reimbursement Expenditure Reports:** First-tier subrecipient monthly expenditure reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
Oct. 1 – Oct. 31, 2025	Nov. 10, 2025
Nov. 1 – Nov. 30, 2025	Dec. 10, 2025
Dec. 1 – Dec. 31, 2025	Jan. 10, 2026
Jan. 1 – Jan. 31, 2026	Feb. 10, 2026
Feb. 1 – Feb. 28, 2026	March 10, 2026
March 1 – March 31, 2026	April 10, 2026
April 1 – April 30, 2026	May 10, 2026
May 1 – May 31, 2026	June 10, 2026
June 1 – June 30, 2026	July 10, 2026
July 1 – June 31, 2026	Aug. 10, 2026
Aug. 1 – Aug. 31, 2026	Sept. 10, 2026
Sept. 1 – Sept. 30, 2026	Oct. 10, 2026

First-tier subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
Oct. 1 – Dec. 31, 2025	Jan. 10, 2026
Jan. 1 – March 31, 2026	April 10, 2026
April 1 – June 30, 2026	July 10, 2026
July 1 – Sept. 30, 2026	Oct. 10, 2026

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

- c. Final Expenditure Reports:** A 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 Wednesday, Nov. 5, 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 ALL First-tier subrecipient program and expenditure reports via the ODH’s GMISP system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of ODH policy and procedures, rules and regulations.

APPENDICES

- A. Continuation Solicitation ReimbursementType Form
- B. B1 Deliverable — Objective Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Disparity Strategies Checklist
- D. Budget Justification Examples
- E. 2025 Program Progress Report
- F. Practice Location Sites and Prenatal Care Provider Information

Appendix A

Submission Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Office of Medical Director
Bureau of Maternal, Child, and Family Health

ODH Program Title:
Integration of Oral Health into Prenatal Care (IO26)

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

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by 4/30/2025

Please email completed form to Geoff Grove at Geoff.Grove@odh.ohio.gov.

Appendix B1

Name of Subgrant Program: Integration of Oral Health into Prenatal Care Program

Budget Period: Oct. 1, 2025 – Sept. 30, 2026

of Deliverables: 2

Use Budget Justification Scenario #: 3

100% Deliverables

Deliverable — Objective 1: Oral Health Integration Implementation and Reporting

Maximum Funding for Deliverable 1 is \$45,000

There are three sub-deliverable objectives related to implementation and reporting for the competitive grant program for which the First-tier subrecipient will determine funding. Monthly reports (Objective 1A) will focus on oral health integration activities provided during patient visits at selected practice sites. Quarterly reports (Objective 1B) will focus on client demographics and the final report (Objective 1C) is a summary of the 12-month project.

Deliverable – Objective 1A: Monthly Program Progress and Data Reporting on Oral Health Integration Activities First-tier subrecipient will submit complete and accurate reports by the tenth of each month. Required reports are project progress and challenges (narrative) and monthly program activity data. At a minimum, the program activity data must include:

- Number of prenatal patient visits.
- Number of oral health assessments provided during prenatal visits.
- Number of prenatal visits in which oral health education was provided.
- Number of dental referrals made based on treatment urgency.
 - Routine (e.g., exam, cleaning, x-rays).
 - Early (needs to be seen within two to four weeks for suspected dental problems).
 - Urgent (needs to be seen immediately for pain and/or infection).

Monthly program data reports should reflect monthly data for each variable. First-tier subrecipients should use the Oral Health Integration into Prenatal Care Program Monthly Progress Report form provided by ODH program consultant for monthly program activity data. Program narrative and data reports must be submitted for ODH approval via attachment in the Program Report section of GMISP.

Deliverable – Objective 1B: Quarterly Program Reporting

First-tier subrecipient will submit patient-level data on a quarterly basis. Data includes demographic information, as well as process and outcome measures. ODH will work with the First-tier subrecipient to develop reports, as needed. Data variables to be reported will be for unduplicated prenatal patients. Unduplicated prenatal patients should be counted once during the 12-month grant period regardless of the number of visits.. **Please note:** An exception to the unduplicated patient count would be a prenatal patient that delivers a baby during the grant period and returns for another pregnancy during the same grant period. That patient should be counted twice. Quarterly data must include:

- Total number of unduplicated prenatal patients.
- Number of prenatal patients by age.
- Number of prenatal patients by race.
- Number of prenatal patients by ethnicity.
- Number of prenatal patients by educational level.
- Number of prenatal patients by insurance type (e.g., private, Medicaid, uninsured, etc.).

- Number of prenatal patients by primary language (language spoken at home).
- Number of prenatal patients receiving dental care in response to a referral.
- Number of prenatal patients who have completed dental care in response to a referral.
- Number of prenatal patients who received an oral assessment for the first time.
- Number of prenatal patients who received oral health education for the first time.

Demographic data reports must be submitted on a quarterly basis and are due by the tenth day of the month following each program quarter. Reports will be due Jan. 10, 2026, April 10, 2026, July 10, 2026, and Oct. 10, 2026.

First-tier subrecipients should use the *Oral Health Integration into Prenatal Care Program Quarterly Progress Report* form provided by ODH program consultant for quarterly program activity data. Quarterly demographic data reports must reflect quarterly data and must be submitted for ODH approval via attachment in the Program Report section of GMISP.

Deliverable – Objective 1C: Final Program Report

By Thursday, Oct. 10, 2026, First-tier subrecipient will submit a final workplan and narrative summarizing program outcomes, as well as successes, challenges, lessons learned, next steps, and sustainability plan. The Final program report must also include a summary of the findings and strategies used to improve completion of dental referrals for the Oral Health Integration Program Evaluation, Deliverable – Objective 2. Final program report must include an analysis of the impact funds used for Deliverable – Objective. The Final program report must be submitted for ODH approval via attachment in the Program Report section of GMISP.

Deliverable — Objective 2: Oral Health Integration Program Evaluation

Maximum Funding for Deliverable – Objective 2 is \$5,000

To eliminate health disparities, the First-tier subrecipient will conduct an evaluation of the barriers their prenatal patients face when completing dental care. First-tier subrecipients will use an approved survey instrument. Using the data received in response to the survey instrument, First-tier subrecipient will design outreach strategies to improve their prenatal patients' dental referral completion rates. There are two sub-deliverable objectives related to the Oral Health Integration Program Evaluation. Data collection and equipment (Objective 2A) and outreach strategies and incentives (Objective 2B). First-tier subrecipients may request funding for one or both sub-deliverable objectives, as long as total funding for Deliverable – Objective 2 does not exceed \$5,000.

Deliverable – Objective 2A: Data Collection and Equipment

First-tier subrecipients will distribute approved survey instruments to evaluate the barriers their prenatal patients encounter when completing dental care. Equipment to increase patient participation in the survey may be purchased. Allowable equipment includes, **and is limited to**, tablets such as iPads or similar to be used during prenatal appointments to distribute survey instruments. First-tier subrecipient must submit a log of equipment purchased that includes the type of tablet, number purchased, unit cost, and total cost.

Deliverable – Objective 2B: Outreach Strategies and Incentives

Based on patient feedback received through the survey instruments, First-tier subrecipients will develop outreach strategies to improve their prenatal patients' dental referral completion rates. Incentives may be purchased as part of the outreach strategies. Allowable incentives include, **and are limited to**, diapers, baby wipes, gift cards, and gas cards. Gift cards may not be in the form of prepaid credit cards, cash, or checks. First-tier subrecipient must submit a log of incentives purchased and distributed that includes the type of incentives, number purchased, number distributed, unit cost, and total cost.

Appendix B2

Name of Subgrant Program: Integration of Oral Health into Prenatal Care Program

Budget Period: October 1, 2025 to September 30, 2026

of Deliverables: 2

Use Budget Justification Scenario #3

X **Deliverable Allocations**

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 1 IS \$45,000			
Deliverable 1A Monthly Progress Reporting	Deliverable 1B Quarterly Program Reporting	Deliverable 1C Final Program Report	Maximum Deliverable 1 Funding
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
\$ TBD	\$ TBD	\$ TBD	\$45,000

MAXIMUM AMOUNT OF FUNDING FOR DELIVERABLE 2 IS \$5,000		
Deliverable 2A Data Collection and Equipment	Deliverable 2B Outreach Strategies and Incentives	Maximum Deliverable 2 Funding
Amount to be determined by applicant and approved by ODH	Amount to be determined by applicant and approved by ODH	
\$ TBD	\$TBD	\$5,000

ODH Evidence of Health Disparity Strategies Checklist

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

Health Disparities, and Social Determinants of Health

Racial and ethnic minorities, those living in rural communities, people with disabilities, 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 forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. . Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health opportunities.

The ODH is committed to the elimination of health disparities and promoting optimal health for all Ohioans. The items below are requirements for all applicants to ensure health opportunities are embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 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 disparities targets that demonstrate reducing disparities and improving health 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.

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

- 1) Link proposed activities to health disparity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in 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>
- 2) Develop staffing plans where board members, leadership and program staff proportionally represent the population being served
- 3) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

APPENDIX D

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMISP budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2 \$45,000

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3 \$75,000

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1
 - Franklin County \$40,000
 - Union County \$11,000
 - Madison County \$20,000
 - Licking County \$15,000

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2
 - Franklin County \$52,500
 - Union County \$9,500
 - Madison County \$12,500

Licking County

\$16,500

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how the agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs	\$Total
Budget Grand Total	\$

Notes:

- 1. The budget justification must be signed by the agency head listed in GMISP.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMISP will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

First-tier subrecipient's authorized representative certifies the foregoing:

- 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.
- First-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of under 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 in regard to subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- 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.

[Signature]

[Print Name &

Title][Date]

APPENDIX E

Agency Name

Grant Number

2025 INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM Progress Report

- A. Describe any accomplishments for the Integration of Oral Health into Prenatal Program to date (2025 budget year) that are not reflected in the quarterly program reports.**

Click or tap here to enter text.

- B. Describe any unintended outcomes for the Integration of Oral Health into Prenatal Program to date (2025 budget year) that are not reflected in the quarterly program reports.**

Click or tap here to enter text.

- C. Describe your agency's SMART objectives for the 2025 Integration of Oral Health into Prenatal Care Program and the progress made toward meeting objectives/targets.**

Click or tap here to enter text.

- D. Describe any barriers to achieving the program's SMART objectives in 2025 and activities taken to resolve the barriers.**

Click or tap here to enter text.

APPENDIX F

INTEGRATION OF ORAL HEALTH INTO PRENATAL CARE PROGRAM

Practice Site Locations and Prenatal Care Provider Information

Applicant Agency Name: _____ **GMISP Project #:** _____

Please complete the table below for each practice site location your agency operates that provides prenatal services.

[illegible]

Please complete the table below for all health care practitioners who provide prenatal services at practice locations selected for this project.

[illegible]