



MEMORANDUM

Date: December 18, 2023

To: Subrecipient agencies

From: Alicia Leatherman, Chief *AL*
Bureau of Maternal and Infant Vitality
Ohio Department of Health

Subject: Moms Quit for Two (MQ25) (7/1/2024-6/30/2025)

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

All electronic applications and attachments are due by 4:00 p.m., February 5, 2024. 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 (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/about-us/funding-opportunities/sfy-23/mq-23-moms-quit-for-two>.

If you have questions, please contact Stacy Herman, LSW at 614-214-7770 or e-mail at stacy.herman@childrenandyouth.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 GAPP (OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive solicitation. This solicitation pertains to budget period: July 1, 2024–June 30, 2025 of the total project period, July 1, 2022 – June 30, 2025. If information from the competitive solicitation is needed, please visit <https://odh.ohio.gov/about-us/funding-opportunities/sfy-23/mq-23-moms-quit-for-two> to review.

Subrecipient personnel paid using the deliverable 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 GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: The goal of the Moms Quit for Two subsidy program is to reduce smoking among Ohio women before, during, and after pregnancy and to reduce exposure to secondhand smoke to the baby and others within the household. Through the dedicated purpose funds (5BXO) and general revenue funding (440474 Infant Vitality), up to 20 grants will be awarded for a total amount of \$1,116,060.00. Only organizations that were funded through the MQ24 continuation process are eligible to apply. Please note, these funds cannot be matched by other federal grant funds and federal reporting is not required for use of these funds. Budgets should be based on the deliverable objectives compensation amounts in Appendix B2 and the number of women and partners projected to be served in the time period. Women and partners to be enrolled and served should be indicated in each budget section.

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 GMIS 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 has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Only organizations that were funded through the MQ24 continuation process are eligible to apply.
4. MQ24 subrecipients who have not reached 25% of their enrollment goal by December 31, 2023 may not receive MQ25 funding.
5. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, February 5, 2024.**

II. PROGRAM UPDATES:

- A. Program Narrative:** Complete and submit a narrative statement (not to exceed 5 pages). **Clearly label each section of the narrative (e.g., changes to program scope, personnel, partnerships, other information, SFY25 proposed activities, SFY24 outcomes, SFY24 efforts, SFY24 challenges/barriers, SFY25 strategies).** Follow the order of the solicitation requirements.

The program narrative must include a response to the following:

1. Explain any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.
2. Provide the following information proposed for SFY25 (7.1.2024 – 6.30.2025):
 - County(ies) to be served.
 - Enrollment goal (new participants only). Please note, subrecipient enrollment goals may exceed the amount listed in Appendix B2 Deliverable Allocation. If the enrollment goal will be greater or less than the goal listed in Appendix B2, please provide rationale.
 - Anticipated number of carryover participants from SFY23.
 - Anticipated number of carryover participants from SFY24.
 - Session goal (new participants and carryover participants).
 - Partnerships with agencies or other organizations.
3. Provide the following information for the first six months of SFY24 (7.1.2023 – 12.31.2023):
 - Enrollment goal for SFY24 (7.1.2023 – 6.30.2024).
 - Total number of newly enrolled women (7.1.2023 – 12.31.2023).
 - Total number of newly enrolled partners (7.1.2023 – 12.31.2023).
 - Total number of sessions completed (7.1.2023 – 12.31.2023).
4. Describe your efforts in SFY24 (7.1.2023 – 6.30.2024) to reach your enrollment and session goals, including

agencies for whom you collaborate, outreach efforts, marketing strategies.

5. Describe any challenges and/or barriers encountered towards reaching your enrollment and session goals during the first six months of SFY24 (7.1.2023 – 12.31.2023), including strategies implemented to overcome the challenges and/or barriers.
6. Describe strategies to be implemented to reach your SFY25 (7.1.2024 – 6.30.2025) enrollment and session (retention) goals.

B. Objectives and Work Plan (does not count towards the 5 page limit): Using the Workplan submitted into GMIS for SFY24 (Deliverable 1, Objective 1), please add in the “Comments” column, progress on, and/or completion of, all activities listed (for the period of 7.1.2023 – 12.31.2023 Please upload this Workplan with your application.

C. Documentation and Progress on Health Equity and Disparity Reduction Activities: Complete and submit a narrative response not to exceed 2 pages (this is not included in the 5-page limit for Program Narrative). Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

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

1. **Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

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

2. **2025 Budget via GMIS:** 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 July 1, 2024 to June 30, 2025.

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.

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

E. Other Application Requirements:

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

a. Other Required Documentation:

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

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic

acknowledgment to the financial standards of conduct as stated therein.

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

All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

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

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

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

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

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

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

☒ Applicable ☐ Not Applicable to MQ25

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

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

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient program reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **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
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025

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

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

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

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

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

- c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 5, 2025. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL Subrecipient program and expenditure reports via the ODH’s GMIS 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 OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Application Review Form

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Bureau
of Maternal and Infant Vitality

ODH Program Title:
Moms Quit for Two (MQ25)

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

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by Wednesday, December 27, 2023.

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

Appendix B1

Name of Subgrant Program: Moms Quit for Two (MQ25)

Budget Period: 7/1/2024 – 6/30/2025

of Deliverables: 5

Use Budget Justification Scenario #: 1

100% Deliverables

When considering proposed costs of the work, applicants should take into consideration ODH's guidance "deliverable subgrants" as posted on the GMIS bulletin board on June 6, 2022.

The following deliverables(1 – 5) are required for all subgrantees and are intended to assure subrecipient compliance with the Baby & Me Tobacco Free Program (BMTFP®) model.

Deliverable 1: Model and Reporting Requirements

Objective 1: Workplan

Provide a comprehensive, updated workplan for implementation of all scopes of work for which funding is requested. The plan must include the specific strategies and activities to be undertaken (be sure to outline activities and strategies that embed inclusivity and equity in engagement of communities of color), staff responsible, timeframe for implementation, and how the activity/strategy will be measured for success.

- The workplan must provide information on recruitment, including details of implementation, engagement of communities of color, and retention of participants.

Validation: Submission of Workplan to ODH (template provided by ODH)

Due Date: Friday, August 30, 2024

Reimbursement: \$2,050.00

Objective 2: Service Agreement with BMTFP® and WELCO LKA, Inc.

Complete and submit the service agreement with BMTFP® and WELCO LKA, Inc. to utilize the BMTFP® portal as required for data collection and reporting.

Validation: Submission of signed service agreement to BMTFP® and WELCO LKA, Inc. (service agreement provided by BMTFP®)

Due Date: Wednesday, July 31, 2024

Reimbursement: \$500.00

Objective 3: Reporting: BMTFP® Portal and ODH GMIS

- Submit monthly data into the BMTFP® by the fifth of every month, for the previous month. Data to be entered includes enrollment and attendance, gestational age, birth weight, and smoking free status, etc. Ensure that all information entered is accurate and complete, and aligns with the BMTFP® model requirements. Utilize BMTFP® portal reports to review recruitment and retention, enrollment, and progress with session and CO monitoring.
- Submit into GMIS the Moms Quit for Two monthly progress report by the 10th of every month, for the previous month. Assure information contained on the MQ2 monthly progress report matches information submitted into the BMTFP® Portal.

Validation: Submission of data into the BMTFP® portal and submission of the Moms Quit for Two monthly progress

report into GMIS (monthly report template provided by ODH).

Due Date: BMTFP® portal by the fifth of every month, for the previous month. Moms Quit for Two Monthly Progress Report into GMIS by the 10th of every month, for the previous month.

Reimbursement: \$500/month

Deliverable 2: Recruitment and Enrollment of Clients

Provide outreach and education to eligible families and enroll eligible moms and partners into the BMTFP®. This should be accomplished through:

- Identification & Education
 - Maintain a network to identify and conduct assessment and educate families on smoking.
 - Train staff on smoke free guidelines and the importance of not smoking in the home.
 - Provide culturally and linguistically appropriate educational resources and information to parents on the importance of smoking cessation during and following pregnancy.
 - Educate on secondhand smoke.
- Follow Up
 - Women/support partners who have been enrolled and attended one session should receive a minimum of three attempts to contact prior to disenrollment. The goal is to increase retention of MQ program participants.

Considerations:

- Promotion/Messaging
 - Moms Quit for Two messages should follow the BMTFP® recommendations. Any publications must adhere to BMTFP® national guidelines and receive approval from the National BMTFP®. All BMTFP® promotional materials will require review. Agencies can expect a reply from BMTFP® within 3-5 business days. Approval from ODH and/or DCY is required anytime messaging will include the ODH and/or DCY logo. Agencies should expect that an approval response from ODH may take an extended time period.
- Subcontracting
 - Subrecipients may choose to distribute subgrant funding to potential community partners. Community partners who could assist subrecipients with recruitment may include home visitors, neighborhood navigators, community health workers, social service agencies, crisis centers, health clinics, WIC clinics, and haven locations (ex. hospitals, fire departments, law enforcement).

Validation: The number of moms/partners reported on the MQ2 monthly progress report and verified by data documented in the BMTFP portal.

- Per Deliverable 1 (Objective 3), subrecipients are required to submit data, including enrollment information, into the BMTFP® portal by the fifth of each month for the previous month. Subrecipients are encouraged to assure that enrollment data documented on the MQ2 monthly progress report matches the data entered, by the fifth of the month, into the BMTFP® portal. Reimbursement for enrollment of clients will be based upon the data documented in the BMTFP® portal.

Due date: 10th of every month, for enrollment from the previous month, starting August 10, 2024.

Reimbursement: \$280.00 per mom and partner enrolled

- Women/partners carried over from previous ODH grants are not eligible for this reimbursement.
- Total reimbursement of new participants enrolled for this deliverable should not exceed Appendix B2: Deliverable Allocations, unless approved by ODH and/or DCY.

Deliverable 3: BMTFP® Model Requirements (Orientation and Recertification)

- Completion of the BMTFP new facilitator training (up to three people per agency). New facilitator training is for individuals to become BMTFP facilitators and current facilitators, identified by BMTFP and/or ODH, to attend.

- Completion of the BMTFP recertification training (up to three people per agency). Recertification training is required to be completed every two years by current facilitators.

Validation: BMTFP® attendance report or certificate for BMTFP® facilitator training and recertification.

Due date: The month following completion of training.

Reimbursement: up to \$1,785.00

Attendance at BMTFP Facilitator Training	Staff time to attend training (virtual, 2 days/4 hours each)	\$350 for up to 3 staff members attending training
Attendance at BMTFP Recertification Training	Staff time to attend training (for currently certified facilitators; 1 day/5 hours)	\$245 for up to 3 staff members attending training

Deliverable 4: Counseling

Provide the following to individuals who enrolled into BMTFP as of July 1, 2023 and onward:

- Provide up to four (4) prenatal smoking cessation counseling and monitoring sessions.
- Provide up to six (6) postnatal smoking cessation counseling and monitoring sessions.
- Provide, as needed, two (2) supplemental visits for smoking cessation counseling and monitoring sessions.
- Refer all participants to the Ohio Quitline.

Provide the following to individuals who enrolled into BMTFP prior to July 1, 2023:

- Provide up to twelve (12) postnatal smoking cessation counseling and monitoring sessions.
- Provide, as needed, two (2) supplemental visits for smoking cessation counseling and monitoring sessions.
- Refer all participants to the Ohio Quitline.

Validation: The number of moms and partners reported on the MQ2 Monthly progress report and verified by data documented in the BMTFP® portal.

- Per Deliverable 1 (objective 3), subrecipients are required to submit data, including smoking cessation counseling session information, into the BMTFP® portal by the fifth of each month for the previous month. Subrecipients are encouraged to ensure that counseling session data documented on the MQ2 Monthly progress report matches the data entered, by the fifth of the month, into the BMTFP® portal. Reimbursement for counseling sessions will be based upon the data documented in the BMTFP® portal.

Due date: 10th of every month, for counseling sessions completed from the previous month, starting August 10, 2024.

Reimbursement: \$105.00 per face-to-face counseling session attended by mom and/or partner.

Reimbursement is based upon each individual attendee, regardless if mom and partner attend together.

Deliverable 5: Technical Assistance

- Participate in quarterly technical assistance (TA) calls hosted by ODH and/or BMTFP®. Subrecipients are responsible for assuring all facilitators are aware of the information provided from each TA call.
 - Topics may include recruitment, retention, community engagement, review of aggregate data, lessons learned, successes, and other topics related to meeting program objectives.

Validation: It is expected that at least one staff member/subrecipient will attend each TA call, and will receive a recording of the TA call for use as a resource. Attendance at individual and group technical assistance calls reported on MQ2 monthly progress report in GMIS and verified by attendance reports from ODH and/or BMTFP®. In the rare instance that a subrecipient should miss a technical assistance call, the subrecipient may view the recorded TA call and submit a post-test. Passage of the post-test will serve as verification of attendance.

Due date: 10th of every month, for attendance from the previous month, starting Thursday, August 10, 2023

Reimbursement: Up to \$500.00 quarterly

Appendix B2 – Deliverable Allocations

<i>Appendix B2</i>										Form# OFA-011
Program: Moms Quit for Two										
Budget Period: 7/1/2024-6/30/2025										
# of Deliverables: 5										
Use Budget Justification Scenario #: 1										
___ Base Only										
___ Base and Deliverables										
__X__ Deliverables Only										
	Target to Serve	Base	Deliverable 1- Model and Reporting Requirement s Objective 1: Workplan	Deliverable 1- Model and Reporting Requirement s Objective 2: Service Agreement	Deliverable 1 Model and Reporting Requirement s- Objective 3: Monthly Reporting (\$500 per	Deliverable 2 - Enrollment (\$280 Per Enrollee)	Deliverable 3 - Model Fidelity Training and Certification (\$350 for new staff/up to 3 and	Deliverable 4- Counseling (\$105 per session/7 average)	Deliverable 5- Model Fidelity & Grant Technical Assistance (\$500 per month)	Total
Adams/Brown Counties Economic Opportunities, Inc.	20	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 12,065	\$ 2,000	\$ 30,000
Ohio University	22	0	\$ 2,050	\$ 500	\$ 6,000	\$ 9,800	\$ 1,785	\$ 46,305	\$ 2,000	\$ 68,440
Auclair County Health	20	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 12,065	\$ 2,000	\$ 30,000
Clark County Combined Health District	29	0	\$ 2,050	\$ 500	\$ 6,000	\$ 8,120	\$ 1,785	\$ 28,535	\$ 2,000	\$ 49,050
Friendly Inn Settlement, Inc	72	0	\$ 2,050	\$ 500	\$ 6,000	\$ 13,440	\$ 1,785	\$ 45,430	\$ 2,000	\$ 71,205
Erie County Health Department	23	0	\$ 2,050	\$ 500	\$ 6,000	\$ 6,440	\$ 1,785	\$ 16,905	\$ 2,000	\$ 35,680
Columbus City Health	140	0	\$ 2,050	\$ 500	\$ 6,000	\$ 39,200	\$ 1,785	\$ 112,805	\$ 2,000	\$ 164,340
Fulton County Health	20	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 12,065	\$ 2,000	\$ 30,000
Greene County Combined Health District	20	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 14,700	\$ 2,000	\$ 32,635
University of Cincinnati	102	0	\$ 2,050	\$ 500	\$ 6,000	\$ 28,560	\$ 1,785	\$ 74,970	\$ 2,000	\$ 115,865
Highland County Community Action Organization	60	0	\$ 2,050	\$ 500	\$ 6,000	\$ 16,800	\$ 1,785	\$ 44,100	\$ 2,000	\$ 73,235
Mahoning County District Board of Health	21	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,880	\$ 1,785	\$ 14,700	\$ 2,000	\$ 32,915
Miami County Health District	28	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 18,165	\$ 2,000	\$ 36,100
Public Health-Dayton & Montgomery County	60	0	\$ 2,050	\$ 500	\$ 6,000	\$ 20,160	\$ 1,785	\$ 60,235	\$ 2,000	\$ 92,730
Ross County Health District	34	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 24,255	\$ 2,000	\$ 42,190
Community Action Organization of Scioto County	32	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 15,750	\$ 2,000	\$ 33,685
Stark County Health Department	59	0	\$ 2,050	\$ 500	\$ 6,000	\$ 9,800	\$ 1,785	\$ 40,950	\$ 2,000	\$ 63,085
Summit County General Health District	44	0	\$ 2,050	\$ 500	\$ 6,000	\$ 8,400	\$ 1,785	\$ 26,460	\$ 2,000	\$ 47,195
Trumbull County Health	22	0	\$ 2,050	\$ 500	\$ 6,000	\$ 5,600	\$ 1,785	\$ 12,065	\$ 2,000	\$ 30,000
Vinton County Health	25	0	\$ 2,050	\$ 500	\$ 6,000	\$ 7,000	\$ 1,785	\$ 18,375	\$ 2,000	\$ 37,710
Total	853	0	\$ 41,000	\$ 10,000	\$ 120,000	\$ 218,400	\$ 35,700	\$ 650,960	\$ 40,000	\$ 1,116,060

Appendix C

ODH Evidence of Health Equity Strategies Checklist

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

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

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

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

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

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

Appendix D Application Review Form

SFY25 Moms Quit for Two Application Review Form

Applicant Information	
Applicant Name: GMIS #: SFY24 YTD (7.1.2023 – 12.31.2023): Enrollment Goal 7.1.2023 – 6.30.2024: Total # of Newly Enrolled Women: Total # of Newly Enrolled Partners: Total # of Sessions Completed:	Amount Requested: SFY25: Enrollment Goal (new participants only): Anticipated # of Carryover Participants from SFY23: Anticipated # of Carryover Participants from SFY24: Session Goal (new and carryover participants):

Required Components	Provided
Budget Justification	<input type="checkbox"/>
GMIS Budget	<input type="checkbox"/>
Program Narrative	<input type="checkbox"/>
SFY24 Workplan Showing Progress/Completions of All Activities Listed	<input type="checkbox"/>
Documentation and Progress on Health Equity and Disparity Reduction Activities	<input type="checkbox"/>

Instructions: Please document feedback under “comments” that will help inform the determination of continued funding, special conditions, and future TA needs, for all criteria.

Program Narrative	
Criteria	Comments
Narrative explained any changes to program scope	<input type="checkbox"/> NA (application does not indicate changes) <input type="checkbox"/> Yes (application indicates changes) Comments:
Narrative explained any changes to personnel	<input type="checkbox"/> NA (application does not indicate changes) <input type="checkbox"/> Yes (application indicates changes) Comments:
Narrative explained any changes to partnerships with agencies or organizations	<input type="checkbox"/> NA (application does not indicate changes) <input type="checkbox"/> Yes (application indicates changes) Comments:
Narrative provided other information the subrecipient wished to share	<input type="checkbox"/> NA (application does not include other information) <input type="checkbox"/> Yes (application includes other information) Comments:

Program Narrative, continued	
Criteria	Comments
<p>Narrative provides the following information proposed for SFY25 (7.1.2024 – 6.30.2025):</p> <ul style="list-style-type: none"> • County(ies) to be served. • Enrollment goal • Rationale for an enrollment goal greater or lesser than the goal listed in Appendix B, if applicable. • Anticipated # of carryover participants from SFY23. • Anticipated # of carryover participants from SFY24. • Session goal (new + carry over participants). • Partnerships with agencies or other organizations. 	<p><input type="checkbox"/> Yes: narrative identifies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Counties to be served) <input type="checkbox"/> Enrollment goal <input type="checkbox"/> Rationale for an enrollment goal greater or lesser than the goal, if applicable <input type="checkbox"/> Anticipated # of carryover participants from SFY23 <input type="checkbox"/> Anticipated # of carryover participants from SFY24 <input type="checkbox"/> Session goal <input type="checkbox"/> Partnerships with agencies or other organizations <p><input type="checkbox"/> No: narrative does not identify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Counties to be served) <input type="checkbox"/> Enrollment goal <input type="checkbox"/> Rationale for an enrollment goal greater or lesser than the goal, if applicable <input type="checkbox"/> Anticipated # of carryover participants from SFY23 <input type="checkbox"/> Anticipated # of carryover participants from SFY24 <input type="checkbox"/> Session goal <input type="checkbox"/> Partnerships with agencies or other organizations <p>Comments:</p>
<p>Narrative provides information on the first 6 months of SFY24 (7.1.2023 – 12.31.2023):</p> <ul style="list-style-type: none"> • Enrollment goal for SFY24 (7.1.2023 – 6.30.2024) • Total # of newly enrolled women (7.1.2023 – 12.31.2023) • Total # of newly enrolled partners (7.1.2023 – 12.31.2023) • Total # of sessions completed (7.1.2023 – 12.31.2023) 	<p><input type="checkbox"/> Yes: narrative identifies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment goal for SFY24 <input type="checkbox"/> Total # of newly enrolled women (7.1.2023 – 12.31.2023) <input type="checkbox"/> Total # of newly enrolled partners (7.1.2023 – 12.31.2023) <input type="checkbox"/> Total # of sessions completed (7.1.2023 – 12.31.2023) <p><input type="checkbox"/> No: narrative does not identify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment goal for SFY24 <input type="checkbox"/> Total # of newly enrolled women (7.1.2023 – 12.31.2023) <input type="checkbox"/> Total # of newly enrolled partners (7.1.2023 – 12.31.2023) <input type="checkbox"/> Total # of sessions completed (7.1.2023 – 12.31.2023) <p>Comments:</p>
<p>Narrative describes efforts in SFY24 to reach enrollment and session goals, including agencies for whom the applicant collaborated, outreach efforts, marketing strategies.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Comments:</p>

Program Narrative, continued	
Criteria	Comments
Narrative describes challenges and/or barriers encountered towards reaching enrollment and session goals during the first six months of SFY24 (7.1.2023 – 12.31.2023), including strategies implemented to overcome the challenges and/or barriers..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Comments:
Narrative describes strategies to be implemented to reach SFY25 (7.1.2024 – 6.30.2025) enrollment and session (retention) goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Workplan	
Workplan includes documentation of progress on, and/or completion of, all activities listed (for the period of 7.1.2023 – 12.31.2023).	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Documentation and Progress on Health Equity and Disparity Reduction Activities	
Application includes a summary of activities completed during the previous funding period to outreach to the priority populations and/or neighborhoods specified in their plan.	<input type="checkbox"/> NA (application does not include a summary of activities completed during the previous funding period to outreach to the priority population) <input type="checkbox"/> Yes (application includes a summary of activities completed during the previous funding period to outreach to the priority population)) Comments:
Budget/Budget Justification	
The budget/budget justification align with the narrative.	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Budget line items are allowable per deliverable reimbursement rates documented in the MQ25 Continuation Solicitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Budget/Budget Justification, continued	
Criteria	Comments
Required certification language is present on the budget justification narrative; budget justification is signed.	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Budget matches the budget justification	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Budget items are entered into the correct location of Other Direct Costs within GMIS	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Recommendation <input type="checkbox"/> Recommend funding of application: <u>with no special conditions</u> <input type="checkbox"/> Recommend funding of application: <u>with special conditions</u> Recommended special conditions: <input type="checkbox"/> Do not recommend funding of application as submitted Rationale:	
Overall Comments:	