



## MEMORANDUM

Date: January 11, 2023

To: Prospective Applicants

From: Dyane Gogan-Turner  
Chief, Child and Family Health  
Ohio Department of Health *DGT*

Subject: Notice of Availability of Funds- Competitive Solicitation for State Fiscal Years 2024 (July 1, 2023-June 30, 2024) Services for Homelessness Youth and Homeless Pregnant Youth (HY24)

The Ohio Department of Health (ODH), Medical Director's Office, Bureau of Child and Family Health announces the availability of grant funds for programs utilizing innovative and comprehensive approaches to serving youth experiencing homelessness. Qualified applicants of grants funds under this initiative must be a local public or non-profit agency with demonstrated history of serving youth experiencing homelessness.

To be eligible for funding, all applicant agencies must 1) be a local public or non-profit agency, 2) have the capacity to accept an electronic funds transfer (EFT). If an applicant needs GMIS access, then a GMIS access form must be submitted (Appendix B).

This is a competitive solicitation. All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF-Appendix A) no later than **Wednesday, January 18<sup>th</sup>, 2023**, so access to the application via the internet website "ODH Application Gateway" can be established.

Potential applicants are encouraged to participate in an Information Session to be held via Teams meeting on Tuesday, January 17<sup>th</sup> at 3:00pm. 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 click on the following link:

<https://www.surveymonkey.com/r/HY24> or contact Sara Haig at [sara.haig@odh.ohio.gov](mailto:sara.haig@odh.ohio.gov).

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00pm on Tuesday, February 21<sup>st</sup>, 2023**. Applications received after the due date will not be considered for review. If you have questions, please contact Sara Haig at [sara.haig@odh.ohio.gov](mailto:sara.haig@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF Women and Family  
Health Services

BUREAU OF Child and Family  
Health

Services for Homelessness Youth and Homeless Pregnant Youth  
SOLICITATION FOR FISCAL YEAR 2024  
(07/01/23 – 06/30/24)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

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## I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Wednesday, January 18<sup>th</sup>, 2023 so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

**A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

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

### **Budget Justification Certification language**

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

### **B. Application Name: Services for Homelessness Youth and Homeless Pregnant Youth (HY24)**

#### **C. Purpose:**

*The Ohio Department of Health is continuing efforts to address youth homelessness by supporting community agencies. ODH has administered youth homelessness grants since 2020 and plans to build upon previous efforts to prevent and end youth homelessness in Ohio. Homelessness is a multifaceted problem that requires community-wide efforts, partnership and collaboration to provide comprehensive, wraparound services to those served. The origination of the youth homelessness grants focused on flexibility and innovation for communities to determine needs and strategies locally.*

*According to Chapin Hall at the University of Chicago, 1 in 10 young adults or about 3.5 million people experienced homelessness in a 12-month period and 1 in 30 youth, ages 13-17, or approximately 700,000 youth, experienced homelessness over a 12-month period. Groups with greater risk of homelessness include LGBTQ youth, black or non-White Hispanic youth, parenting youth, youth with less than a high school diploma or GED and youth with less than \$24,000 annual income. In 2018, Chapin Hall reported that 44% of female youth experiencing homelessness were pregnant or parenting. Youth experiencing homelessness who are pregnant face additional physical risks and complications.*

*The current funding opportunity seeks to fund innovative projects that work to prevent and end youth homelessness through community collaboration, with an emphasis on youth who are pregnant or those who are at higher risk of homelessness.*

- D. Qualified Applicants:** *All applicants must be a local public or non-profit agency, with demonstrated history of serving youth experiencing homelessness. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, February 21<sup>st</sup>, 2023.**

- E. Service Area:** *Applicants must be able to provide services to youth experiencing homelessness within a geographic area as described in the project narrative. Interested applicants within the same geographic area are encouraged to work together. Geographic diversity will be considered for funding.*

- 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 is consistent with previous years, ODH will fund up to 15 grants, with awards ranging from \$50,000-\$300,000 per year, up to \$2,200,000 per year. The award amount will depend on the deliverables selected, the type of project proposed and the number of youth served.*

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery at Sara Haig, 246 N. High Street 4<sup>th</sup> Floor, Columbus, OH 43215 by **4:00 p.m. by Tuesday, February 21<sup>st</sup>, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact [Sara.haig@odh.ohio.gov](mailto:Sara.haig@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 110

- I. Goals:** *ODH will fund up to 15 projects with innovative approaches to provide an array of comprehensive services to youth experiencing homelessness, with an emphasis on pregnant youth experiencing homelessness. The eligibility for the program is youth ages 14-24 who are homeless or at risk of being homeless.*

*Applicants should submit comprehensive plans to address youth homelessness in their communities. Plans should include the provision or coordination of housing; supportive services, including health and mental health services, education and employment and community connection; outreach to identify youth experiencing homelessness and data collection. Funded agencies are required to use the Homeless Management Information System (HMIS) for data collection through this two-year grant. The only exception to this will be agencies who were previously funded under ODH's HY or TH grants and were approved to use a comparable database. The data elements required for quarterly data reports are included in appendix G.*

*In addition, it is the expectation that all agencies demonstrate how youth with lived experience will be involved in the planning and execution of services. While the youth advisory committee deliverable is optional, all agencies must include description of the extent to which their programming is guided by the voice of individuals with lived experience, especially those who experience disparities in homelessness.*

*The funding is intended to be flexible to support innovative approaches to outreach, service coordination, and service delivery, especially those with the involvement with local and regional partners. Geographic diversity will be a consideration for funding, especially areas of the state that have not received previous funding from ODH to address youth homelessness, including Cincinnati/Hamilton County CoC, Youngstown/Mahoning County CoC, Dayton, Kettering/Montgomery County CoC, Canton, Massillon, Alliance/Stark County CoC or an area within the Balance of State that was not previously served. Priority will be given to applicants who can demonstrate they are serving youth who are most vulnerable.*

- J. Program Period and Budget Period:** The program period will begin 7/1/23 and end on 6/30/25. The budget period for this application is 7/1/23 through 6/30/24.

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

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

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

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

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

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

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

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

3. *Evidence of Health Equity Strategies*

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online->

- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030.](#)  
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

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

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what



would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

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

  X   Applicable to Services for Youth Experiencing Homelessness

**N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

**O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sara Haig at sara.haig@odh.ohio.gov.

**P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, February 21<sup>st</sup>, 2023 at 4:00 p.m.**

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

- R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. **Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
  - 1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
  - 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
  - 3. Is well executed and is capable of attaining program objectives;
  - 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
  - 5. Estimates reasonable cost to the ODH, considering the anticipated results;
  - 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
  - 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
  - 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
  - 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
  - 10. Has demonstrated compliance to OGAPP;
  - 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
  - 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria. Applicant review form is included as appendix D.

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

U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

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 \_\_\_\_\_], [Program \_\_\_\_\_] and as a sub-award of a grant issued by [granting agency] under the [grant name] grant, grant award number [grant award number], and CFDA number [CFDA number]."

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

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

Reports shall be submitted as follows:

a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. The attached appendix F will serve as a workplan template. This template will be updated monthly or quarterly and will be submitted as the program report. **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

Program report submission will match the expenditure report submission and will serve as documentation of deliverable activities. If a subrecipient elects to be reimbursed quarterly, they also must submit quarterly program reports with the same due dates. If a subrecipient elects to be reimbursed monthly, they must also submit monthly program reports with the same due dates.

*Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.*

**Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

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

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

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

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

- a. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before the 5<sup>th</sup> day of the 2<sup>nd</sup> month after a grant period ends. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.**

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

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

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

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

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

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

**AB. Submission of Application:**

**Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narratives should not exceed [10] pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &  
Submit Via  
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program (workplan, assurances, letters of support)- see attachment section on page 16 of this solicitation.

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

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

Current Independent Audit  
(latest completed organizational fiscal period; **only if not previously submitted**)  
  
Ohio Department of Health Grants  
Services Unit  
Central Master Files, 4<sup>th</sup> Floor 35 E.  
Chestnut Street Columbus, Ohio 43215

## II. APPLICATION REQUIREMENTS AND FORMAT

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

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

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

**B. Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 7/1/2023 to 6/30/2024.

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

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

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



## D. Project Narrative:

1. **Executive Summary:** *Identify the target population, services and programs to be offered and what agency or agencies will provide those services, and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address.*

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

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS Standards  
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural,y%20and%20linguistically%20appropriate%20services.>
- 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.

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

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

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programming can most benefit specific communities.

<https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>

**Methodology:** In narrative form, identify the program goals, **SMART-IE (Strategic, Measurable, Attainable, Realistic, Time-bound, Inclusive and Equitable)** 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 and/or health inequities 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. The methodology should include a detailed description of how each deliverable will be met (see appendix C1 for description and requirements for each deliverable). SMART goals for each deliverable should be included in workplan template. This section should include details about how each deliverable will be met, which should match the information in the workplan template.

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Tuesday, February 21<sup>st</sup>, 2023.**

*[A minimum of an original and the indicated number of copies of non-Internet attachments are required.]*

- A. *Workplan template (appendix F)*
- B. *Program assurance (appendix E)*
- C. *Letter of support or letter of agreement from HMIS administrator*
- D. *Letter of support or letter of agreement from local partners or planned subcontractors*

### III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. RequestC1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Assurance form
- F. Workplan template/sample program report
- G. Quarterly Data Reports- required elements

## Appendix A

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

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Bureau of Child and Family Health  
*ODH Program Title:*  
Services for Homelessness Youth and Homeless  
Pregnant Youth (HY24)

### Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

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

Type of Applicant Agency (Check One)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

**If yes, no further action is needed. If no,** ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Sara.haig@odh.ohio.gov](mailto:Sara.haig@odh.ohio.gov) BY **Wednesday, January 18<sup>th</sup>, 2023**.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

## Appendix B

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

### GMIS Training, User Access, Access Change or Deactivation Request

**One request per person.** Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: \_\_\_\_\_

Check the type of access and complete the information requested:

☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: \_\_\_\_\_

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

Or Effective Date of Deactivation (GMIS 2.0 access only): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Deliver Requests to Kathryn Berkemeyer, Program Consultant, 614-644-7546

Mail: ODH/OFA, 246 North High Street., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: [kathryn.berkemeyer@odh.ohio.gov](mailto:kathryn.berkemeyer@odh.ohio.gov)

## Appendix C1

**Name of Subgrant Program:** Services for Homelessness Youth and Homeless Pregnant Youth

**Budget Period:**

**# of Deliverables:**6

**Use Budget Justification Scenario #:** **1**

**X** **Deliverables Only**

***Deliverables 1-5 are required. Deliverable 6 is optional. ODH has determined a maximum cost for deliverable 1. The remaining deliverable costs should be included within the budget justification. It is required that the applicant include details on how cost was determined, including an estimate of how many youths will be served. The maximum award amount per year is \$300,000.***

**Deliverable — Objective 1:** ODH Project Director Meetings and Community of Practice

Subrecipients will be required to attend four in-person or virtual Project Director Meetings per year. The meeting dates and format will be determined at the beginning of the project period. Youth with lived experience will be invited to participated in two of the four project director meetings. In addition, ODH will host a bi-monthly Community of Practice. 2-4 staff from each agency should attend the monthly CoP and should include frontline staff, when appropriate. The CoP will be used as a way for subrecipients to review program data, share best practices and network with other providers across the state.

**Cost: up to \$7,000;** up to \$1,000 per Project Director meeting and up to \$500 per Community of Practice session. Youth incentives in the form of gift cards (not cash) should be given if youth with lived experience are participating in Project Director Meetings.

**Deliverable — Objective 2:** Housing

For provision of housing by the applicant, include housing project type and any associated costs (staff time, supportive services, agency costs) associated with the provision of housing. The application narrative should include project type, estimated number of youth served throughout the project, including historical data. If the agency does not plan to provide housing, but will be coordinating housing services with another agency (or multiple), a letter of commitment should be included with the application and the information below should be included with the application.

**Housing:** The description of the deliverable should include the housing project type(s) that will be offered. The cost for the deliverable should include costs per project type. If rental assistance is being offered through the housing deliverable, the costs should be calculated on the workplan template using projected number of youth served and market pricing in the community. Applicants may utilize multiple project types to provide housing.

Project Types

- a. **Transitional Housing/ Transitional Living:** housing and accompanying supportive services to homeless individuals or families for up to 24 months to assist with stability and support to successfully move to and maintain permanent housing.

- b. **Rapid Re-housing:** provides housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- c. **Emergency housing/shelter:** A project that offers temporary shelter for youth.
- d. **Drop-in center\*:** A project that offers daytime facilities and services for youth (no lodging).
- e. **Street Outreach\*:** Community based services for unsheltered youth with clearly defined housing-based outcomes.
- f. **Homelessness prevention:** A project that offers services and/or financial assistance necessary to prevent a person from moving into an emergency shelter or place not meant for human habitation.
- g. **Supportive Services only:** Community based services for youth with clearly defined housing-based outcomes.
- h. **Other pilot programs:** a project that does not fit within any other project type, with an ultimate goal of stable housing for youth.

\*Some of the project types, such as street outreach, supportive services only or drop-in centers, do not directly provide housing. These project types are included within this deliverable, as the ultimate end goal for all of the project types listed is the procurement of stable housing for young people. These project types should be included within this deliverable on the workplan and within the budget and budget narrative.

#### **Deliverable — Objective 3: Supportive Services**

The supportive services deliverable should include any costs associated with supportive services (outside of those included in deliverable 2). These may include providing services or increasing access to services by removing barriers. These services may be related to physical and mental health, education or employment, support with connection with community. Costs can include staff time, travel or transportation costs, costs associated with assisting youth access identification documents such as birth certificates, social security cards or identification cards or related costs.

#### **Deliverable – Objective 4: Outreach to identify youth experiencing homelessness**

Applicants should include detailed plans to identify and connect with youth experiencing homelessness in their communities. These efforts can include outreach to the community to raise awareness of the youth homelessness efforts of agency and community. In addition to community outreach, efforts should be made to ensure that the most vulnerable youth in the community are connected to resources. Description of this work can be considered for bonus points in the application and should include data around youth served related to certain data elements, such as those whose prior residence was unsheltered or for youth who had no income prior to entry. Street outreach project type from deliverable 2 will also be considered for additional outreach points.

#### **Deliverable — Objective 5: Data collection Through HMIS**

Funded agencies are required to use Homeless Management Information Systems (HMIS) for data collection through this grant. Exceptions include agencies who were funded through the previous ODH HY or TH grants and were approved to use a comparable database\*. Quarterly data reports will be due to ODH. A list of required data elements and quarterly report due dates are attached in appendix G. A letter of support or formal MOU with regional HMIS administrator is required. Costs associated may include staff time, office supplies or materials associated with data collection needs, training costs, and contracts with HMIS administrator. **Quarterly program report must be submitted before agency can request reimbursement for data collection costs. If an agency chooses to be reimbursed monthly, they will not be able to request reimbursement for this deliverable until after the first quarterly data report is submitted.**

\*For agencies who have previously been approved to use a comparable database by ODH, applicant must include a letter of support from the contracted data vendor that they are able to comply with the updated data elements and can meet the deadlines for data quarterly reports.

### **Deliverable — Objective 6: Youth Advisory Committee (optional)**

While engaging with youth with lived experience in programming is not optional, there is also a recognition that a formal youth action board or advisory committee can require extensive time commitment and/or resources. In addition, ODH recognizes that many agencies or communities already have strong youth action boards. This optional deliverable is to support the creation or enhancing of a youth action board or youth advisory committee. 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.



Appendix D  
Application Review Form

<b>0=did not respond/missing; 1=does not meet, 2= weak, 3=meets 4: strong 5: exceeds</b>				
	Score	Weight	Total	Total possible
<b>Executive Summary</b>				
identifies the target population to be served		1		5
identifies the services to be provided and which agencies will provide services		1		5
describe burden of health equities or health disparities		1		5
describe the public health problem the funding will address		1		5
<b>Section total:</b>				20
<b>Description of Applicant Agency</b>				
Describe applicant's eligibility to apply		1		5
Summarize agency structure related to the program and how it will manage the program. This must include how agency will manage any contracts, and how agency plans to coordinate with other agencies serving the population in the community.		2		10
Describe the agency capacity, including staff and contractors to communicate effectively with diverse audience, in accordance with National CLAS standards and ADA standards		1		5
Applicant includes Letters of Support or Letters of Commitment from any planned contracted or partner agencies.		1		5
<b>Section total:</b>				25
<b>Problem/Need</b>				
Identify and describe the local health status concern that will be addressed. Include local data when available. Indicators are measurable and serve as a baseline upon which evaluation will be based.		2		10
Target population is identified, and applicant describes efforts to serve youth who are at higher risk of homelessness.		2		10
<b>Section total:</b>				20
<b>Methodology</b>				
Identify program outcomes. Goals, objectives, and activities must be Specific, Measurable, Attainable, Realistic, Time-Phased, Inclusive and Equitable (SMART-IE).		2		10
Applicant describes how they will monitor and/or measure success.		2		10
Description includes how applicant and partners will address and measure disparities of individuals served.		2		10
Workplan demonstrates how activities will reduce health disparities and inequities		2		10

Applicant includes Letter of Support from HMIS Administrator in their region or Continuum of Care.		1		5
Deliverable 1- Applicant describes how deliverable 1 will meet and which staff will attend project director meetings and community of practice.		2		10
Deliverable 2- Applicant identifies housing project type(s) that will be funded through the program. This includes estimated number of youth served by project type and cost.		2		10
Deliverable 3- Applicant identifies how they will provide or coordinate support services, including health, mental health, education, employment or community connection. If applicant cannot provide these service, applicant identifies partners within the community.		2		10
Deliverable 4- Applicant includes detailed plan to identify and engage youth experiencing homelessness within the community.		2		10
Deliverable 5- Applicant either already uses HMIS or has a plan (and LOS) from HMIS Administrator within their region		2		10
Deliverable 6- If chosen, applicant has identified a plan to create a new or support an existing youth advisory board.		2		10
	<b>Section total:</b>			105
<b>Budget</b>				
Applicant has completed GMIS budget section appropriately		1		5
Budget narrative has been completed correctly and deliverable narratives are reasonable and appropriate.		2		10
Agency has expressed familiarity with OGAPP and will comply with OGAPP rules.		1		5
Deliverable costs are detailed and demonstrate how costs were determined, including estimated youth served		2		10
	<b>Section total:</b>			30
<b>TOTAL:</b>				200
<b>Bonus points</b>				190 (if no deliverable 6)
Agency is located in or will be serving youth in a region not previously served by ODH Youth Homelessness Grant Funds. (Including Cincinnati/Hamilton County CoC, Youngstown/Mahoning County CoC, Dayton, Kettering/Montgomery County CoC, Canton, Massillon, Alliance/Stark County CoC or an area within the Balance of State that was not previously served)		2		10
Applicant adequately describes how they (or partner agencies) will make efforts, including describing intentional outreach activities to serve the youth who are most vulnerable in the communities, including youth living in unsheltered areas. Where possible, agency will include descriptions and/or data of current or previous efforts to serve unsheltered youth in the community.		2		10
Applicant chose Street Outreach as a project type under deliverable 2		2		10
<b>Total</b>	<b>TOTAL BONUS:</b>			
	<b>TOTAL SCORE</b>			

Appendix E

ORC 3701.034 Assurance

If funded for the Services for Youth Experiencing Homelessness (HY) grant, agency certifies it will comply with Ohio Revised Code 3701.034, which prohibits state funding to be used to perform or promote nontherapeutic abortions.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)

## Appendix F- Workplan/ Monthly Report Template

Deliverable 1: Project Director Meetings and Community of Practice				
Example SMART Goal: By 6/30/23, ABC agency staff will attend all 4 project director meetings and all monthly CoP sessions.				
Date	Event	Who attended	Cost	
Deliverable 2: Housing				
example SMART goal: By 6/30/23, ABC agency will provide housing services through rapid rehousing, street outreach and emergency housing to XXX youth				
Project type	Monthly Activities:	Number served:	Total Cost:	
Deliverable 3: Supportive Services				
SMART Goal:				
Type of services	Example Monthly Activities:	Number Served:	Total Costs:	
Health Services	Direct health services, referrals, transportation, linkage to resources			
Behavioral Health Services	Direct behavioral health services, referrals, transportation, linkage to resources			
Education or employment services	Assistance with employment resources or training, transportation, clothing, books/supplies			
Access to identification documents	Fees, access to services, transportation			
Deliverable 4: Outreach to identify youth experiencing homelessness				
SMART Goal:				
Type of outreach (examples):	Monthly activities	Number served:	Total cost	
street outreach				
community events				
Deliverable 5: Data Collection in HMIS				
SMART Goal:				

Monthly Activities:				Cost:
Deliverable 6: Youth Advisory Board (optional)				
SMART Goal:				
Monthly activities:				

Appendix G  
Required Data Elements

Data Element Type (HUD)	Element Number	Data Element
Universal	3.01	Name
Universal	3.02	Social Security Number
Universal	3.03	Date of Birth
Universal	3.04	Race
Universal	3.05	Ethnicity
Universal	3.06	Gender
Universal	3.07	Veteran Status
Universal	3.08	Disabling Condition
Universal	3.10	Project Start Date
Universal	3.11	Project Exit Date
Universal	3.12	Destination
Universal	3.15	Relationship to Head of Household
Universal	3.16	Client Location
Universal	3.20	Housing Move-In Date
Universal	3.917	Prior Living Situation
Project Specific	4.02	Income and sources
Project Specific	4.03	Non-cash benefits
Project Specific	4.04	Health insurance
Project Specific	4.05	Physical Disability
Project Specific	4.06	Developmental Disability
Project Specific	4.07	Chronic Health Condition
Project Specific	4.08	HIV/AIDS
Project Specific	4.09	Mental Health Problem
Project Specific	4.10	Substance Abuse
Project Specific	4.11	Domestic violence
Project Specific	4.12	Current living situation – For SO,SSO and CE Projects Only
Federal Partner Program – RHY	R1	Referral source
Federal Partner Program – RHY	R3	Sexual orientation
Federal Partner Program – RHY	R4	Last grade completed
Federal Partner Program – RHY	R5	School status
Federal Partner Program – RHY	R6	Employment status
Federal Partner Program – RHY	R7	General health status
Federal Partner Program – RHY	R8	Dental health status
Federal Partner Program – RHY	R9	Mental health status
Federal Partner Program – RHY	R10	Pregnancy status
Federal Partner Program – RHY	R11	Formerly ward of child welfare/foster care agency
Federal Partner Program – RHY	R12	Formerly ward of juvenile justice system
Federal Partner Program – RHY	R14	RHY Service Connections

Federal Partner Program – RHY	R15	Commercial exploitation/sex trafficking
Federal Partner Program – RHY	R16	Labor exploitation/ trafficking
Federal Partner Program – RHY	R17	Project completion status
Federal Partner Program – RHY	R18	Counseling
Federal Partner Program – RHY	R19	Safe and appropriate exit

<b>RHY Service Connections Detail (Element R14)</b>	
<b>Response Category</b>	<b>Description</b>
Community Service/Service Learning	Activities that involve youth in helping others or the community.
Criminal Justice/Legal Services	Legal services or guidance provided through an attorney or an attorney-supervised paralegal.
Education	Includes learning disability assessment, tutoring, GED preparation, local school enrollment, vocational education, etc.
Employment and/or Training Services	Includes services related to helping young people obtain and retain employment, such as assessment, coaching, filling out applications, interviewing, practicing and conducting job searches, referrals, and job maintenance skills.
Health/Medical Care	Provision of general health care or surgical services by licensed medical practitioners.
Home-based Services	Includes any range of services offered at home, usually aimed at keeping a youth from running away or the family stabilized.
Life Skills Training	Includes formal and informal coaching and training in communications skills, health promotion, conflict/anger management, assertiveness, goal setting, budgeting, life planning, nutrition, hygiene, etc.
Parenting Education for Youth with Children	Services designed to build improved parenting skills for RHY clients with children.
Post-natal Newborn Care	Services and healthcare provided to the baby after birth, including wellness exams and immunizations.
Post-natal Care for Mother	Services and healthcare provided to the mother after birth, including wellness exams and immunizations.
Pre-natal Care	Services and healthcare provided to expectant clients to ensure a health pregnancy, labor, and delivery.
STD Testing	Procedures to test for a range of Sexually Transmitted Infections
Street-based Services	Services provided to youth on the street, including gateway services, assessment, harm reduction, crisis stabilization, and continuum service linkages.
Substance Abuse Treatment	Any research-based youth treatment service aimed at stopping substance use disorders and related problems.
Substance Abuse Ed/Prevention Services	Comprehensive assessment of an individual's current or past involvement with alcohol and/or drugs and/or provision of treatment, including screening, aimed at stopping their substance abuse.