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| **Applicant Information** | |
| Applicant Agency: | Amount Requested: |
| County(s): | GMIS Grant #: |

Applications should be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
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, Achievable/Ambitious, Relevant/Realistic & Timebound, Inclusive, and Equtiable (S.M.A.R.T.I.E) objectives, activities, milestones, and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to 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;
7. Provides an evaluation plan, including a design for determining program success;
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 .

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| **Criterion (Total Points) 166.**  **Must receive a score of 116 (70%) to be eligible for funding.** | **Score** | **Comments** |
| **General Requirements: Application materials uploaded to GMIS** | **0 = No**  **2 = Yes** | **Score 2 if correct form used and not blank.** |
| GMIS application complete and on time**: Due Monday, June 5, 2023, by 4pm** | 0 2 |  |
| PHW24 Program Assurances | 0 2 |  |
| PHW24 Budget Overview | 0 2 |  |
| PHW24 Budget Justification/Narrative | 0 2 |  |
| PHW24 Itemized Budget | 0 2 |  |
| PHW24 Site and Service Form | 0 2 |  |
| PHW24 Program Work Plan, with Outreach Plan explained | 0 2 |  |
| PHW24 Fee Management Form with sliding fee scale | 0 2 | If not RH24 subrecipient, not due until Jan 10, 2024. Score a 2. |
| PHW24 Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan | 0 2 |  |
| **Budget** | **0 = Not provided, incorrect, or inadequate**  **1 = partially correct**  **2 = fully correct** |  |
| Application information (overview and address) in GMIS | 0 1 2 |  |
| Budget only contains allowable costs (refer to solicitation and OGAPP manual) | 0 1 2 |  |
| Budget includes program income | 0 1 2 |  |
| Other Direct Costs amounts are correct in GMIS (Amounts must match - deliverable allocation, budget overview, and direct costs screen.) | 0 1 2 |  |
| Compliance questions answered in GMIS (Will say *subgrantee completed* when complete.) | 0 1 2 |  |
| EEO Survey | 0 1 2 |  |
| FFATA reporting form | 0 1 2 |  |
| Budget Justification/Narrative   * Budget justification in same order as GMIS budget * Explains and justifies Deliverable 1 * Explains and justifies Deliverable 2 * Explains and justifies Deliverable 3 * Includes authorized representative’s certification language * Signed by the agency head listed in GMIS (must be the same person) | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 | (Score 1 if repeat deliverable language. Score 2 if detail how funding will be spent.) |
| **Narrative and statements** | **0 = Not provided, incorrect, or inadequate**  **1 = Good**  **2 = Excellent** |  |
| **solicitation p. 10**  **Public Health Accreditation Board (PHAB) Standards** (all applicants)  **Public Health Impact Statement** (applicant agencies that are **not** local health districts only)  1. Public Health Impact Statement Summary  2. Public Health Impact Statement of Support  3. Evidence of Health Equity Strategies | 0 1 2  0 1 2  0 1 2  0 1 2 | (Give 2 if not applicable) |
| **Human Trafficking solicitation p. 12**  1. Victims of human trafficking included in agency’s target population demonstrated  2. Promotes expansion of services to identify and serve those affected by human trafficking | 0 1 2  0 1 2 |  |
| **Executive Summary solicitation p.22**   * Identifies the target population, services and programs to be offered and what agency or agencies will provide those services. * Identify burden of health disparities and health inequities * Describes the public health problem (s) that the program will address. * Experience in providing clinical health services and qualifications to provide core family planning services * Plan on how key priorities will be incorporated * Processes in place to ensure families with income 100% below Federal Poverty Level will not be charged * Evidence of the ability to bill third parties and the ability to facilitate Medicaid enrollment * Plan ensuring family planning and preconception health services are offered in compliance with:   -Title X statute, including requirements on abortion and sterilization  -state laws on mandatory reporting  -legislative mandate to encourage family participation and resisting coercion for minors   * Describe how program will be evaluated | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| **Description of Applicant Agency solicitation p. 22**   * Description of project and needs for services * Detailed description of geographic area and population to be served * Discusses eligibility to apply * Summarizes agency structure and describes how it will manage the program * Discusses the relationship between applicant agency/partners in the community * Describes administrative, management and clinical capacity of applicant agency * Staffing plan that demonstrates services provided under direction of physician with special training or experience in family planning and evidence that staff providing clinical services are licensed * Describes the capacity to communicate effectively with diverse audiences including those with limited English proficiency, limited literacy and disabilities. | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| **Problem/Need** **solicitation p. 23**  The following should be identified/described/explained/justified:   * Describes the local health concern addressed by the program (does not restate national and state data) * Describes the specific health status concerns * Indicators are measurable * Clearly identifies the target population, how they were selected and discusses burden for health concern * Describes other agencies in area addressing the problem/need   **Methodology**   * Program goals and activities identified * Evaluation method identified to measure level of success * Explanation of how program activities address health disparities/inequities | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Program Work Plan for FY24   * Plan lists all activities and evaluation measures in the Goals and Deliverable Grid (Appendix E) for all deliverables seeking funding * Appropriate and specific person or position listed for each activity * Specific and variable timelines are provided (All should not be Oct. 1 – Mar 31) * Specific, individualized outreach plan is detailed within Deliverable 2, Objective 3 * Clear picture of clinical services to be provided * Clear picture of preconception health educational sessions and community health screenings events to be held | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 | Reviewer to pay special attention to requirements such as number of clinical provider hours required per month, clinical services offered, visit projections, etc. |
| **Attachments** | **0 = Not uploaded or blank**  **1 = Issues noted**  **2 = Fully correct** |  |
| Attachment 1 – Assurances   * Must be signed by agency head listed in GMIS | 0 1 2 |  |
| Attachment 2 Budget Overview   * Deliverable funding amounts match amounts in Appendix B2 * Client visits projected matches visits projected in Attachment 4 | 0 1 2  0 1 2 |  |
| Attachment 3 Itemized Budget   * Funding requested and program income = total budget * Budgeted amount column complete | 0 1 2  0 1 2 |  |
| Attachment 4 Site and Service Information   * Service site(s) information completed * Client visits projected is in appropriate funding band * Minimum of 16 provider/clinician hours per month (Deliverable 1) * Services provided section complete | 0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 5 Program Work Plan  For all deliverables, are the following completed?   * Activities – are they appropriate for the objective and specific? Complete? * Person Responsible – is the responsible person appropriate? * Timeline- have they indicated *interim* timelines? * Evaluation **–** appropriate and *measurable* for activities listed? * Outreach Plan (Deliverable 2, Objective 2)– included or explained? Need specific activities and dates. | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 6 CLAS Plan   * Activities – are they appropriate for the objective and specific? * Person Responsible – is the responsible person appropriate? * Begin/End Date- have they indicated timelines? * Evaluation **–**evaluation components for planned activities completed? * All 15 standards addressed * Standard 15 health equity action plan created | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 7 Fee Management   * Fee schedule and sliding fee scale (100% poverty level $14,580) attached in GMIS * Explanation of how fees and sliding fee scale were developed * Third party contracts listed * CPT code chart complete | 0 1 2  0 1 2  0 1 2  0 1 2 | If not RH24 subrecipient, not due until Jan 10, 2024. Score 2s. |
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| **Total Score for Proposal ( \_\_\_\_ of 166)** |  |  |
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**Review Notes:**

**Strengths**

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**Weaknesses**

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**Approval**

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**Approval with Special Conditions**

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**Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with PHW & RHWP goals and/or the purpose of ODH PHW program and solicitation); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by PHW & RHWP review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project’s current resources** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Comments**

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| **Reviewer Signature:** | **Date:** |
| **Reviewer Email:** | **Reviewer Phone:** |