



MEMORANDUM

Date: December 11, 2024

To: Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC *DGT*
Chief, Bureau of Maternal, Child, and Family Health
Ohio Department of Health

Subject: Sickie Cell Statewide Family Support Initiative (SS26)
(July 1, 2025 – June 30, 2026)

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

All electronic applications and attachments are due by **4:00 p.m., on Monday, January 27, 2025**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (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 at <https://odh.ohio.gov/about-us/funding-opportunities/resources/competitive-solicitation-proposals-archive-section>.

If you have questions, please contact Cheryl Jones, Sickie Cell Services Program Coordinator at (614) 728-6787 or e-mail at cheryl.jones@odh.ohio.gov.

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	• Attachment #6 – Biographical Sketch (<i>submit, if new or changed</i>)	
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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 (if applicable), 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: 07/01/2025 to 06/30/2026 of the total project period, 07/01/2024 and ending 06/30/2028. Reference the competitive Solicitation for more information.

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 ODH Sickle Cell Program grants are comprised of funds generated from a portion of the state Newborn Screening fee. Only the subrecipient agency funding during the State Fiscal Year (SFY) 2025 competitive application (see below) may apply for continuation funding. The total grant funding for the SFY 2026 budget period (07/01/2025 to 06/30/2026) is anticipated to be approximately \$90,000.00.

Subrecipient Agency	Service Area	SFY 2026 Funding
Ohio Sickle Cell and Health Association	Statewide	\$90,000.00

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:

- The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
- Applicant has not been certified to the Attorney General's (AG's) office.
- Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, January 27, 2025.**

II. PROGRAM UPDATES:

- A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.**

Sickle Cell Program Application Guidance: *A Program Progress Report submission is not required with this continuation grant application. The Program Performance Report for the period ending December 31, 2025 is due on January 10, 2025 (prior to the application due date). This is an external document provided by the ODH Sickle Cell Services Program (hereafter referred to as ODH Program) and is not attached to this application. This report will suffice as the document required under this section.*

- B. Program Narrative:** Complete and submit a narrative statement (do not exceed 6 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

Sickle Cell Program Application Guidance: *A Program Narrative is not required for the SFY 2026 continuation cycle. Submit a narrative statement only if the above information **has changed**.*

- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMART-IE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

Sickle Cell Program Application Guidance: *In lieu of a short summary (as described above), the subrecipient is required to submit an updated Deliverable-Objectives and Work Plan for SFY 2026. The Deliverable-Objectives and Work Plan (see **ATTACHMENT #1**) must be completed in the format provided by ODH Program.*

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

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.

Sickle Cell Program Application Guidance: *Documentation and Progress on Health Equity and Disparity Reduction Activities will be obtained following the analysis of the Community Engagement Assessment Tool (CEAT) in year 1 and year 2 of the grant application.*

E. 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).

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov>.

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. [2026] 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 07/01/2025 to 06/30/2026.

Sickle Cell Program Application Guidance: *Each subrecipient must submit a budget justification narrative that follows the standard language descriptions (see **APPENDIX B1**) outlined by ODH Program.*

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.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for thereceipt 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.

Program-Specific and Other Unallowable Costs

16. Advertisement – other than for recruitment or procurement or if required by the program’s Solicitation.
17. All costs related to out-of-state travel.
18. Client Incentives (gas cards/vouchers) and Client Enablers.
19. Contracts, for compensations, with advisory board members.
20. Costs associated with clinical services.
21. First class travel.
22. Food, refreshments and beverages (including alcoholic beverages).
23. Funds requested to reduce, replace or supplant existing subrecipient funds for sickle cell and other hemoglobinopathy services.
24. Grant-related equipment costs greater than \$1,000.00, unless justified and approved by ODH Program.
25. Honorariums and speaker fees.
26. Instructional supplies (including, but not limited to thermometers).
27. In-state lodging, travel and meals over the current state rates (see Ohio Shared Services website for travel and expense reimbursements at: <https://obm.ohio.gov/areas-of-interest/obm-shared-services/travel-and-expense-reimbursements>).
28. Office furniture (Refer to OGAPP Manual).
29. Out-of-state travel.
30. Promotional items (include items with slogans, logos, agency name/address, messaging). Promotional like items must be preapproved prior to submitting in agency subgrant program budget (e.g., water bottles, t-shirts, totes that do not include slogans, logos, agency name/address, messaging).
31. Reimbursement costs associated with any public-facing content produced under this grant unless reviewed and approved in advance by ODH Program.
32. Reimbursement for physician(s) who serve on the grant as Medical Director or Medical Advisor.
33. Staff professional development and/or training longer than one week in duration.
34. Subscriptions.
35. Unapproved educational or training activities.

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.

F. Other Application Requirements:

Program-Specific Requirements

- The subgrantee must continue to meet the programmatic and eligibility requirements outlined in the SFY 2025 Competitive Solicitation to *maintain funding*.

Program-Specific Attachments

- Attachment #1 - Deliverable-Objectives and Work Plan (*submit with application*)
- Attachment #2 – Deliverable Staff Contact Information Form (*submit with application*)
- Attachment #3 – Data Assurances Form (*submit with application*)
- Attachment #4 – User Access Form (*submit if new or changed*)
- Attachment #5 – Letter of Documentation (*submit, if new or changed*)
- Attachment #6 – Biographical Sketch (*submit, if new or changed*)
- Attachment #7 – Position Descriptions (*submit, if new or changed*)

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://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.

G. 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 (Sickle Cell Statewide Family Support Initiative)

H. 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. **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.

☒ **X** Program Reports Required ☐ No Program Reports Required

Subrecipient Program Performance Reports

Subrecipient **Monthly** Program Performance Reports **must** be completed and submitted via GMIS by the following dates:

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

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

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

Other Program-Specific Requirements

Specific subrecipient forms, documents, and data reports (listed below) **must** be completed and **submitted as specified by ODH Program**:

Subrecipient Forms, Documents and Data Reports	Submission Date
External Meeting Verification Form	Monthly or Quarterly
Professional Development Verification Form	Monthly or Quarterly
Deliverable Reimbursement Form	Monthly or Quarterly
Program Performance Report	Monthly or Quarterly
Annual Report Worksheet	April 10, 2026
Subrecipient Media Metric Form	Submitted as required under Deliverable 2.1
Social Media Toolkits	Submitted as required under Deliverable 2.1
OSCAFA Funding Letter	Submitted as required under Deliverable 5.1
ASCAFSGs Listing	Submitted as required under Deliverable 5.1
Community Engagement Workplan Results Form	Submitted as required under Deliverable 13.1
MCHIDS/SCED Data Entry	Within thirty (30) calendar days of the event

Sickle Cell Program Application Guidance: *Formats for submission of the above listed forms, documents and data reports will be provided to the subrecipient subsequent to official notification from ODH.*

In addition to submission of the above-listed documentation, subrecipient staff are **required** to participate in the meeting formats (*in-person or virtual*) as indicated below:

Subrecipient Communication with ODH Program		
Meeting Formats	Meeting Dates	Reimbursement
Bi-Annual Sickle Cell Project Staff Meeting	July 11, 2025 December 12, 2025	\$150.00/per meeting
Subrecipient Grant Check-in Meeting (subrecipient-specific)	August 2025 November 2025 February 2026 May 2026	\$100.00/per meeting

- 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, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025

October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026
April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 30, 2026	July 10, 2026

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

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

Note: Obligations not reported 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, 2026**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the 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. Medical Director/Medical Advisor Position Description Example

PROGRAM-SPECIFIC ATTACHMENTS

- Attachment #1 - Deliverable-Objectives and Work Plan *(submit with application)*
- Attachment #2 – Deliverable Staff Contact Information Form *(submit with application)*
- Attachment #3 – Data Assurances Form *(submit with application)*
- Attachment #4 – User Access Form *(submit, if new or changed)*
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- Attachment #6 – Biographical Sketch *(submit, if new or changed)*
- Attachment #7 – Position Descriptions *(submit, if new or changed)*

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

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

ODH Program Title:
Sickle Cell Statewide Family Support Initiative
(SS26)

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 December 18, 2024

Please email completed form to Grant.Support@odh.ohio.gov.

Appendix B1

Name of Subgrant Program: Sickie Cell Statewide Family Support

Budget Period: July 1, 2025 to June 30, 2026

of Deliverable-Objectives: 13

Use Budget Justification Scenario#: 3

100% Deliverables

Deliverable - Objective 1: Ensure Statewide Sickie Cell Services are Available to Ohioans

Total Amount Available: \$18,000.00

- **Deliverable 1.1** - By June 30, 2026, the subrecipient shall have an identifiable, functional (staffed) program organized for and capable of ensuring the provision of **statewide education, awareness and empowerment** activities to public/community, professional and adult priority population audiences related to sickie cell disease, sickie cell trait and other hemoglobinopathies. For staff in-office and/or “off-site” options, the purchase of expendable office supplies – necessary and reasonable for proper and efficient performance and administration of the program - are allowable costs under this deliverable. Reimbursement for this deliverable is \$1,500.00 per month or \$4,500.00 per quarter (*specify subrecipient reimbursement type*). **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the Deliverable Staff Contact Information Form.** Total reimbursement for this deliverable is not to exceed the annual amount of \$18,000.00 per subrecipient.

NOTE: Subrecipient must follow the OGGAPP guidelines for purchase of expendable office supplies. Reference Chapter 2, Section B2.5 - Other Directs Costs (page 40-41. Failure to follow these guidelines may result in disallowance of costs. The OGAPP Manual can be found at: <https://odh.ohio.gov/about-us/funding-opportunities/ODH-Grants>.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the following documentation in GMIS under Expenditure Reports: (1) required SFY 2026 application documents as specified by ODH Program and (2) vendor purchase invoice(s), *as applicable*, for the purchase of expendable office supplies.

Deliverable - Objective 2: Statewide Outreach and Awareness Messages/Campaigns

Total Amount Available: \$24,000.00

- **Deliverable 2.1** - By June 30, 2026, subrecipient deliverable staff will implement/promote a minimum of one (1) statewide outreach and awareness message/campaign, *per month*, utilizing electronic and/or print mediums (*specify electronic and/or print mediums*) to increase the visibility of sickie cell services and empowerment resources in Ohio. For National Sickie Cell Awareness Month (*September 2025*) and World Sickie Cell Awareness Day (*June 2026*), the subrecipient will also be required to develop a social media toolkit for posting/distribution to public/community/professional/adult priority population stakeholders. The toolkit, at a minimum, must follow CLAS standards and include suggested organizations to like or follow, relevant hashtags, links to other resources, and template social media posts. Reimbursement for this deliverable is up to \$2,000.00 per month or \$6,000.00 per quarter (*specify subrecipient reimbursement type*). The subrecipient will be required to enter data into the Maternal

and Child Health Integrated Data System (MCHIDS)/Sickle Cell Education Event Database (SCED) within thirty (30) calendar days of the message/campaign event. **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$24,000.00 per subrecipient.

NOTES:

1. *Messages/campaigns for hemoglobinopathies must adhere to ODH Program review and approval requirements.*
2. *This is a flat rate deliverable. There is no additional reimbursement for MCHIDS/SCED data entry.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the following documentation: (1) *Subrecipient Media Metrics Form* in GMIS under Expenditure Report comments, and (2) social media toolkits to ODH Program.

Deliverable - Objective 3: Sickle Cell Events Targeting Adult Priority Populations

Total Amount Available: \$13,000.00

- **Deliverable 3.1** - By June 30, 2026, subrecipient deliverable staff will implement/participate in a minimum of twelve (12) sickle cell events (*utilizing various instructional formats*) targeting adult priority populations to increase visibility and promote awareness of sickle cell services and resources in Ohio. At least six (6) of these events must occur in areas with .75 SVI score or higher. This includes, but is not limited to, select Ohio Festivals and Annual Events (*e.g., Columbus Asian Festival, Ohio Black Expo*) and select National Health Observance Months/Days (*e.g., April/National Minority Health Month; May/National Stroke Awareness Month; June/World Sickle Cell Awareness Day; September/National Sickle Cell Awareness Month; November/American Diabetes Month*) to highlight hemoglobinopathies and their association/link with other health concerns. Reimbursement for this deliverable is up to \$1,000.00 per event and includes staff preparation, set-up and participation time, staff travel (as necessary), event materials, registration fees, exhibit/booth rental costs (*if applicable*), post-event follow-up and data entry into the MCHIDS/SCED within thirty (30) calendar days of the event. **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$13,000.00 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must enter sickle cell event data into the MCHIDS/SCED within thirty (30) calendar days of the event.

Deliverable - Objective 4: Sickle Cell Events Targeting Professionals and Providers

Total Amount Available: \$8,000.00

- **Deliverable 4.1** - By June 30, 2026, subrecipient deliverable staff will implement/participate in **statewide** sickle cell events (education and/or awareness), *utilizing various instructional formats*, targeting healthcare and non-healthcare professionals and providers (including professional associations and/or organizations) to increase the visibility of sickle cell services and resources in Ohio. Reimbursement for this deliverable is up to \$1,000.00 per event and includes staff preparation, set-up and participation time, staff travel (as necessary), event materials, registration fees,

exhibit/booth rental costs *(if applicable)*, post-event follow-up and data entry into the MCHIDS/SCED within thirty (30) calendar days of the event. **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$8,000.00 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must enter sickle cell event data into the MCHIDS/SCED within thirty (30) calendar days of the event.

Deliverable - Objective 5: Administrative Oversight and Subgrant Funding to the Ohio Sickle Cell Affected Families Association

Total Amount Available: \$8,250.00

- **Deliverable 5.1** - By June 30, 2026, the subrecipient will provide administrative oversight and distribute sub-grant funding to the Ohio Sickle Cell Affected Families Association (OSCAFA) for eligible Adult Sickle Cell Affected Family Support Groups (ASCAFSGs) in each of the six (6) ODH defined multi-county sickle cell services regions. This deliverable allows for sub-grant funding to be distributed to multiple eligible ASCAFSGs in the state. Each funded ASCAFSG will be required to implement a minimum of one (1) capacity-building activity during the reporting period. Reimbursement for this deliverable is as follows: (a) \$6,250.00 allocated to the OSCAFA for eligible ASCAFSGs and (b) \$2,000.00 allocated for administrative oversight. **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$8,250.00 per subrecipient.

NOTES:

1. *It will be the responsibility of the subrecipient to monitor the compliance of all ASCAFSGs that receive sub-grant funding.*
2. *This deliverable allows for sub-grant funding to be distributed to multiple ASCAFSGs in the state.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the following documentation: (1) *Subrecipient OSCAFA Funding Letter* and (2) list of eligible ASCAFSGs in GMIS under Expenditure Report comments.

Deliverable - Objective 6: Ensure Empowerment Resources for Adults Living with Sickle Cell Disease

Total Amount Available: \$6,500.00

- **Deliverable 6.1** - By June 30, 2026, the subrecipient will ensure that empowerment resources are available to adults living with sickle cell disease. This deliverable requires the subrecipient to administrate the Empowerment Scholarship Fund (ESF). The ESF, through scholarship assistance, enables eligible individuals and/or families impacted by sickle cell disease to attend/participate in sickle cell-specific educational events. Total reimbursement for this deliverable is not to exceed the annual amount of \$6,500.00 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the ESF Outcome Report Form (s) to ODH Program within three (3) months of the educational event.

Deliverable - Objective 7: External Groups, Programs or Organizations Representing Sick Cell

Total Amount Available: \$1,500.00

- **Deliverable 7.1** - By June 30, 2026, subrecipient deliverable staff will actively participate (*virtually and/or in-person*) on a minimum of one (1) national and/or statewide group, program or organization (*external to the subrecipient agency*) that serves to impact the specific health 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*) concerns and/or priorities of Ohio individuals (adults) affected by sickle cell disease and other hemoglobinopathies. Reimbursement for this deliverable is up to \$83.34 per completed and submitted *External Meeting Verification Form(s)*. **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$1,000.00 per subrecipient.

NOTE: *Excludes the subrecipient Medical Director/Medical Advisor.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the *External Meeting Verification Form* (with supporting documentation) in GMIS under Expenditure Report Comments.

- **Deliverable 7.2** - By June 30, 2026, the subrecipient will serve (*through yearly membership fees*) as the Sickle Cell Disease Association of America (SCDAA) – Ohio affiliate and keep ODH Program, Regional Sickle Cell Projects and Ohio Adult Sickle Cell Affected Family Support Groups apprised of SCDAA related information (via email) including, but not limited to: Updates, News, Advisories, Trainings and Program Announcements. Total reimbursement for this deliverable is not to exceed the annual amount of \$500.00 per subrecipient.

ODH Validation: Submission of the Deliverable Reimbursement Form will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the following documentation in GMIS: (1) SCDAA membership fee invoice under Expenditure Report comments and (2) tracking information on SCDAA sickle cell related emails on the Program Performance Report under Program Report comments.

Deliverable - Objective 8: Statewide Sickle Cell Sabbath Event

Total Amount Available: \$1,037.50

- **Deliverable 8.1** - During the state designated Sickle Cell Sabbath (SCS) weekend (*September 20-21, 2024*), the subrecipient will plan and implement a minimum of one (1) **statewide** SCS activity (*utilizing various instructional formats*), in coordination and collaboration **statewide** faith-based leaders of various denominations (*e.g., ministerial*

alliances/associations/headquarters). The subrecipient will be required to enter data into the MCHIDS/SCED within thirty (30) calendar days of the Sabbath events(s). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,037.50 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must enter data into the MCHIDS/SCED within thirty (30) calendar days of the SCS event.

Deliverable - Objective 9: Procurement of Educational Materials to Maintain a Statewide Hemoglobinopathy Clearinghouse and Resource Center

Total Amount Available: \$2,500.00

- **Deliverable 9.1** - By June 30, 2026, the subrecipient will establish and maintain a clearinghouse and resource center of hemoglobinopathy education materials for **statewide** distribution to public/community, professional and adult priority population audiences. Education materials must be current, of professional quality, culturally, age, language, and literacy appropriate and available upon request. This deliverable includes materials that are purchased and/or printed through external vendors (*including digital and audio materials*) and internal departmental printing costs. The subrecipient will be required to maintain informative content which outlines available newborn screening and outreach education services/activities/programs funded by ODH Program. Total reimbursement for this deliverable is not to exceed the annual amount of \$2,500.00 per subrecipient.

NOTES:

1. *It is recommended that education materials comply with [CDC Clear Communication Index](#) criteria, [Federal Plain Language Guidelines](#) and/or agency standards for the development of public communication materials.*
2. *Reimbursement costs associated with the content of any work produced under this grant (project specific) must be reviewed and pre-approved by ODH Program. Failure to follow these approval guidelines may result in the disallowance of costs.*
3. *All educational material purchases (through external vendors) must be completed in the first three quarters of the grant period (as applicable). Any purchases outside of the prescribed time must be pre-approved by ODH Program.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit vendor purchase/print invoices in GMIS under Expenditure Report comments.

Deliverable - Objective 10: Professional Development

Total Amount Available: \$2,562.50

- **Deliverable 10.1** - By June 30, 2026, subrecipient deliverable staff will complete a minimum of one (1) professional development activity to advance their knowledge in the following priority focus areas: health equity and/or culturally and linguistically appropriate service (CLAS) delivery. Type of activities under this deliverable include conference sessions, seminars/presentations, workshops, and/or course. Reimbursement for this deliverable is up to \$150.00 per

activity/per staff member. **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$600.00 per subrecipient.

NOTE: *Includes online and virtual fee-based activities. Physical attendance is limited to activities in Ohio. Subrecipient agency mandated professional development and/or in-service trainings may also count towards this professional development requirement, as long the activity meets the criteria for the priority focus areas identified in the deliverable.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the following documentation in GMIS under Expenditure Report Comments: (1) *Professional Development Verification Form* (with supporting documentation) and (2) vendor purchase invoices (*as applicable*).

- **Deliverable 10.2** – By June 30, 2026, subrecipient deliverable staff (*who provide hemoglobinopathy counseling*) will complete the Hemoglobinopathy Counselor Training Course (*presented by the Cincinnati Comprehensive Sickle Cell Center*). The deliverable requirement applies to subrecipient staff as follows: NEW deliverable staff within one (1) year of employment and (b) EXISTING deliverable staff with prior attendance greater than four (4) year. **For reimbursement purposes, subrecipient deliverable staff must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$1,962.50 per subrecipient.

NOTE: *Excludes reimbursement that applies under Deliverable 10.1.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, subrecipient deliverable staff must submit the following documentation in GMIS under Expenditure Report comments: (1) *Professional Development Verification Form* (with supporting documentation); (2) certificate of course completion and (3) course registration receipt.

Deliverable - Objective 11: Data Collection and Reporting

Total Amount Available: \$1,450.00

- **Deliverable 11.1** - By June 30, 2026, the subrecipient will prepare and submit a Program Performance Report (PPR). The PPR will report progress on program performance measures. The PPR must be submitted electronically, either monthly or quarterly (*specify subrecipient reimbursement type*), by the due date and in the format specified by ODH Program. Reimbursement for this deliverable is \$100.00 per month or \$300.00 per quarter (*specify subrecipient reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,200.00 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the PPR in GMIS under Program Report comments.

- **Deliverable 11.2** – By April 10, 2026, the subrecipient will prepare and submit an Annual Report Worksheet (ARW) to report project profile information and/or significant accomplishments/achievements. The ARW must be submitted electronically by the due date and in the format specified by ODH Program. Total reimbursement for this deliverable is not to exceed the annual amount of \$250.00 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the ARW electronically in GMIS (under Expenditure Report comments) by the due date and in the format specified by ODH Program.

Deliverable - Objective 12: Subrecipient Communication with ODH Program

Total Amount Available: \$1,200.00

- **Deliverable 12.1** - By June 30, 2026, subrecipient deliverable staff will participate in meeting formats as required by ODH Program. In-person meetings will be held Columbus. Virtual meetings will be held on the Microsoft (MS) Teams communication platform. Subrecipient deliverable staff will be required to engage in the full functionality of the Teams platform. **Call in (audio only) participation for MS Teams meetings will not be a reimbursable option under this deliverable.** Reimbursable options will include meeting participation via the Teams app or Teams on the web. Meeting formats for this deliverable will include quarterly check-in meetings (\$100.00 per meeting) and bi-annual deliverable staff meeting (\$150.00 per meeting). **For reimbursement purposes, subrecipient staff under this deliverable must be listed on the *Deliverable Staff Contact Information Form*.** Total reimbursement for this deliverable is not to exceed the annual amount of \$1,200.00 per subrecipient.

NOTES:

1. *Refer to the SFY 2025 Competitive Solicitation for MS Team functionality requirements and the SFY 2026 Continuation Solicitation (under Reporting Requirements) for meeting dates.*
2. *All subrecipient communication with ODH Program, outside of the meeting formats listed above, will be reimbursed under Deliverable 1.1.*

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, attendance will be taken during meeting formats. Subrecipient deliverable staff representation or an ODH approved designee is required at all meeting formats. Attendance verification methods include a sign-in sheet (*for in-person meetings*) and roll call via MS Teams chat and/or MS Teams Participant Attendance Report (*for virtual meetings*).

Deliverable - Objective 13: Engaging the Community

Total Amount Available: \$2,000.00

- **Deliverable 13.1** - By April 10, 2026, the subrecipient will implement one (1) indicator identified from the SFY 2025 **Community Engagement Action Plan** that focuses on improvement and enhancement with community stakeholders (*adults living with sickle cell disease*) who were invited to participate in the survey. Total reimbursement for this deliverable is not to exceed the annual amount of \$2, 000.00 per subrecipient.

ODH Validation: Submission of the *Deliverable Reimbursement Form* will be the initial documentation to release funds for this deliverable. To validate reimbursement for this deliverable, the subrecipient must submit the *Community Engagement Workplan Results Form* in GMIS under Expenditure Report comments.

Name of Subgrant Program: Sickle Cell Family Support

Budget Period: 07/01/2025 to 06/30/2026

of Deliverables: 16

Use Budget Justification Scenario #: 3

Appendix B2

X Deliverables Only

	Deliverable 1.1 Ensure Statewide Sickle Cell Services are Available to Ohioans	Deliverable 2.1 Objective 2: Statewide Outreach and Awareness Messages/Campaigns	Deliverable 3.1 Sickle Cell Events Targeting Adult Priority Populations	Deliverable 4.1 Sickle Cell Events Targeting Professionals and Providers	Deliverable 5.1 Administrative Oversight and Subgrant Funding to the Ohio Sickle Cell Affected Families Association	Deliverable 6.1 Ensure Empowerment Resources for Adults Living with Sickle Cell Disease	Deliverable 7.1 Participation on External Groups, Programs or Organizations Representing Sickle Cell	Deliverable 7.2 Participation on External Groups, Programs or Organizations Representing Sickle Cell	Deliverable 8.1 Statewide Sickle Cell Sabbath Event
Statewide Family Support	\$18,000.00	\$24,000.00	\$13,000.00	\$8,000.00	\$8,250.00	\$6,500.00	\$1,000.00	\$500.00	\$1,037.50
TOTAL	\$18,000.00	\$24,000.00	\$13,000.00	\$8,000.00	\$8,250.00	\$6,500.00	\$1,000.00	\$500.00	\$1,037.50

	Deliverable 9.1 Procurement of Educational Materials to Maintain a Statewide Hemoglobinopathy Clearinghouse and Resource Center	Deliverable 10.1 Professional Development	Deliverable 10.2 Professional Development	Deliverable 11.1 Data Collection and Reporting	Deliverable 11.2 Data Collection and Reporting: Annual Report Worksheet	Deliverable 12.1 Subrecipient Communication with ODH Program	Deliverable 13.1 Engaging the Community	Total
Statewide Family Support	\$2,500.00	\$600.00	\$1,962.50	\$1,200.00	\$250.00	\$1,200.00	\$2,000.00	\$90,000.00
TOTAL	\$2,500.00	\$600.00	\$1,962.50	\$1,200.00	\$250.00	\$1,200.00	\$2,000.00	\$90,000.00

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.

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Program-Specific Attachments

ODH Program Title: Sickie Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable – Objective (1): Ensure Statewide Sickie Cell Services are Available to Ohioans.

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 1.1 - By June 30, 2026, the subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of statewide education, awareness and empowerment activities to public/community, professional, and adult priority population audiences related to sickie cell disease, sickie cell trait and other hemoglobinopathies. For staff in-office and/or “off-site” options, the purchase of expendable office supplies and/or equipment – necessary and reasonable for proper and efficient performance and administration of the program - are allowable costs under this deliverable.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 1.1).</i></p>			<p>1.1 (a) The number of subrecipient deliverable staff who provide statewide sickie cell services/activities under this deliverable. (DRF)</p> <p>1.1 (b) The number of days per week/month/quarter that subrecipient deliverable staff are available to provide statewide sickie cell services under this deliverable. (PPR)</p> <p>1.1 (c) Subrecipient purchases expendable office supplies and/or equipment (<i>if applicable</i>). (DRF)</p>	<ul style="list-style-type: none"> SFY 2026 Deliverable Reimbursement Form (DRF) SFY 2026 Program Performance Report (PPR) Vendor purchase invoice(s)

ODH Program Title: Sickle Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable – Objective (2): Statewide Outreach and Awareness Messages/Campaigns

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 2.1 -By June 30, 2026, subrecipient deliverable staff will implement/promote a minimum of one (1) statewide outreach and awareness message/campaign, <i>per month</i>, utilizing electronic and/or print mediums (<i>specify electronic and/or print mediums</i>) to increase the visibility of sickle cell services and empowerment resources in Ohio. For National Sickle Cell Awareness Month (<i>September 2025</i>) and World Sickle Cell Awareness Day (<i>June 19, 2026</i>), the subrecipient will also be required to develop a social media toolkit for posting/distribution to public/community/professional/adult priority population stakeholders. The toolkit, at a minimum, must follow CLAS standards and include suggested organizations to like or follow, relevant hashtags, links to other resources, and template social media posts.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 2.1).</i></p>			<p>2.1 (a) The number of statewide outreach and awareness messages/campaigns implemented/promoted, <i>per month</i>, utilizing electronic and print mediums entered into Maternal Child Health Integrated Data System (MCHIDS)/Sickle Cell Event Database (SCED) within thirty (30) calendar days of the event. (DRF)</p> <p>2.1 (b) The audience numbers (<i>reach and frequency</i>) generated by statewide outreach messages/campaigns. (PPR)</p>	<ul style="list-style-type: none"> • MCHIDS/SCED • SFY 2026 MCHIDS/SCED User Guide • SFY 2026 Deliverable Reimbursement Form • SFY 2026 Subrecipient Media Metrics Form (<i>reach and frequency report</i>) • Social media tool kit for National Sickle Cell Awareness Month (September 2025) submitted to ODH Program for review and approval by August 1, 2025.

ODH Program Title: Sickie Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable – Objective (2): Statewide Outreach and Awareness Messages/Campaigns

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
Deliverable 2.1 (continued)			2.1 (c) The number of social media tool kits (<i>for National Sickie Cell Awareness Month and World Sickie Cell Awareness Day</i>) developed for posting/distribution to public/community/professional/adult priority population stakeholders. (PPR)	<ul style="list-style-type: none">• Social media tool kit for World Sickie Cell Awareness Day (June 2026) submitted to ODH Program for review and approval by May 1, 2026.• SFY 2026 Program Performance Report

ODH Program Title: Sickie Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable – Objective (3): Sickie Events Targeting Adult Priority Populations

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 3.1 - By June 30, 2026, subrecipient deliverable staff will implement/participate in a minimum of twelve (12) sickie cell events (<i>utilizing various instructional formats</i>) <u>targeting adult priority populations</u> to increase visibility and promote awareness of sickie cell services and resources in Ohio. At least six of these events must occur in areas with .75 SVI score or higher. This includes, but is not limited to, select Ohio Festivals and Annual Events and select National Health Observance Months/Days to highlight hemoglobinopathies and their association/link with other health concerns.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 3.1).</i></p>			<p>3.1 (a) The number of statewide sickie cell events <u>targeting the adult priority populations</u> (during select Ohio Festivals and Annual Events) entered into MCHIDS/SCED within thirty (30) calendar days of the event. (DRF)</p> <p>3.1 (b) The audience numbers generated by participation in select Ohio Festivals and Annual Events. (PPR)</p> <p>3.1 (c) The number of statewide sickie cell events <u>targeting the adult priority populations</u> (during select National Health Observance Months/Days) entered into MCHIDS/SCED within thirty (30) calendar days of the event. (DRF)</p>	<ul style="list-style-type: none"> • MCHIDS/SCED • SFY 2026 Deliverable Reimbursement Form • SFY 2026 Program Performance Report

ODH Program Title: Sickie Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable – Objective (3): Sickie Events Targeting Adult Priority Populations

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
Deliverable 3.1 (continued)			3.1 (d) The audience numbers generated by participation in select National Health Observance Months/Days.(PPR)	(continued)

ODH Program Title: Sickle Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (4): Sickle Cell Events Targeting Professionals and Providers

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 4.1 - By June 30, 2026, subrecipient deliverable staff will implement/participate in statewide sickle cell events (<i>utilizing various instructional formats</i>) <u>targeting health care and non-healthcare professionals and providers</u> (including professional associations and/or organizations) to increase the visibility of sickle cell services and resources in Ohio.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 4.1).</i></p>			<p>4.1 (a) The number of statewide sickle cell events <u>targeting health care and non-healthcare professionals and providers</u> entered into MCHIDS/SCED within thirty (30) calendar days of the event. (DRF)</p> <p>4.1 (b) The audience numbers generated by participation in sickle cell events to health care and non-healthcare professionals and providers. (PPR)</p>	<ul style="list-style-type: none"> • MCHIDS/SCED • SFY 2026 Deliverable Reimbursement Form • SFY 2026 Program Performance Report

ODH Program Title: Sickie Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (5): Administrative Oversight and Subgrant Funding to the Ohio Sickie Cell Affected Families Association

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 5.1 - By June 30, 2026, the subrecipient will provide administrative oversight and distribute sub-grant funding to the Ohio Sickie Cell Affected Families Association (OSCAFA) for <u>eligible</u> Adult Sickie Cell Affected Family Support Groups (ASCAFGs) in each of the six (6) ODH defined multi-county sickie cell service regions. Each funded ASCAFSG will be required to implement a minimum of one (1) capacity building activity during the reporting period.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 5.1).</i></p>			<p>5.1 (a) The number of administrative oversight activities (meetings, site visits and/or conference calls) implemented by the subrecipient with sub-grant funded ASCAFSGs. (DRF/PPR)</p> <p>5.1 (b) The number of eligible ASCAFSGs that <u>request</u> subgrant funding to implement a capacity building activity. (PPR)</p> <p>5.1 (c) The number of sub-grant funded ASCAFSGs that <u>implement</u> a minimum of one (1) capacity building activity in each of the six (6)ODH-defined multi-county service regions. (DRF)</p>	<ul style="list-style-type: none"> SFY Deliverable Reimbursement Form SFY 2026 OSCAFA Guidelines (<i>ODH Program Approved</i>) OSCAFA Funding Letter (as per disbursement activity) SFY 2026 <u>eligible</u> ASCAFSGs Listing (submitted with initial OSCAFA Funding Letter) SFY 2026 Program Performance Report

ODH Program Title: Sickie Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (6): Ensure Empowerment Resources for Adults Living with Sickie Cell Disease

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverables-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 6.1 – By June 30, 2026, the subrecipient will ensure that empowerment resources are available to adults living with sickie cell disease. This deliverable requires the subrecipient to administrate the Empowerment Scholarship Fund (ESF). The ESF, through scholarship assistance, enables <u>eligible</u> individuals and/or families impacted by sickie cell disease to attend/participate in sickie cell-specific educational events.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 6.1)</i></p>			<p>6.1 (a) The number of eligible individuals/families impacted by sickie cell disease who <u>request</u> scholarship assistance to attend/participate in a sickie cell-specific educational event funded through the ESF. (PPR)</p> <p>6.1 (b) The number of eligible individuals/families who <u>receive</u> scholarship assistance through the ESF. (DRF)</p> <p>6.1 (c) The number of individuals/families who complete and submit Outcome Report Form(s) as per ESF guidelines. (PPR)</p>	<ul style="list-style-type: none"> • SFY 2026 Deliverable Reimbursement Form • SFY 2026 Empowerment Scholarship Fund Guidelines (<i>ODH Program Approved</i>) • SFY 2026 Program Performance Report • ESF Outcome Report Form(s) submitted to ODH Program (from subrecipient) within three (3) months of the educational event.

ODH Program Title: Sickie Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (7): Participation in External Groups, Programs or Organizations Representing Sickie Cell

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 7.1 By June 30, 2026, subrecipient deliverable staff will <u>actively participate</u> (<i>virtually and/or in-person</i>) on a minimum of one (1) national and/or statewide group, program or organization (<i>external to the subrecipient agency</i>) that serves to impact the specific health disparity; health status; or health system concerns and/or priorities of Ohio individuals (adults) affected by sickie cell disease and other hemoglobinopathies.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 7.1).</i></p>			<p>7.1 The number of external meetings completed by subrecipient deliverable staff. (DRF)</p>	<ul style="list-style-type: none">SFY 2026 Deliverable Reimbursement FormSFY 2026 External Meeting Verification Form (with supporting documentation)

ODH Program Title: Sickie Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (7): Participation in External Groups, Programs or Organizations Representing Sickie Cell

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 7.2 - By June 30, 2026, the subrecipient will serve <i>(through yearly membership fees)</i> as the Sickie Cell Disease Association of America (SCDAA) – Ohio affiliate and keep ODH Program, Regional Sickie Cell Projects and Ohio Adult Sickie Cell Affected Family Support Groups (OASCAFSGs) apprised of SCDAA related information (via email) including, but not limited to: Updates, News, Advisories, Trainings, and Program Announcements.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 7.2).</i></p>			<p>7.2 (a) The subrecipient is a member of the National Organization - SCDAA. Inc. (DRF)</p> <p>7.2 (b) The number of SCDAA sickie cell-related emails sent to ODH Program, Regional Sickie Cell Projects, and OASCAFSGs. (PPR)</p>	<ul style="list-style-type: none">• SFY 2026 Deliverable Reimbursement Form• SCDAA membership fee invoice• SFY 2026 Program Performance Report

ODH Program Title: Sickle Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (8): Statewide Sickle Cell Sabbath Event

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 8.1 - During the state designated Sickle Cell Sabbath (SCS) weekend (<i>September 20-21, 2025</i>), the subrecipient will plan and implement a minimum of one (1) statewide SCS activity (<i>utilizing various instructional formats</i>), in coordination and collaboration with statewide faith-based leaders/headquarters of various denominations.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a select deliverable (Deliverable 8.1).</i></p>	4		<p>8.1 (a) The number of statewide SCS events <u>targeting</u> statewide faith-based leaders/headquarters entered into MCHIDS/SCED within thirty (30) calendar days of the event. (DRF)</p> <p>8.1 (b) The audience numbers generated by statewide SCS events to faith-based leaders/headquarters. (PPR)</p>	<ul style="list-style-type: none">• MCHIDS/SCED• SFY 2026 Deliverable Reimbursement Form• SFY 2026 Program Performance Report

ODH Program Title: Sickle Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (9): Procurement of Educational Materials to Maintain a Statewide Hemoglobinopathy Clearinghouse and Resource Center

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 9.1 - By June 30, 2026, the subrecipient will establish and maintain a clearinghouse and resource center of hemoglobinopathy education materials for statewide distribution to public/community, professional and adult priority population audiences. Education materials must be current, of professional quality, culturally, age, language, and health literacy appropriate and available upon request. This deliverable includes materials that are purchased and/or printed through external vendors (<i>including digital and audio materials</i>) and internal departmental printing costs. The subrecipient will also be required to maintain informative content which outlines available newborn screening and outreach education services/activities/programs funded by ODH Program.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 9.1).</i></p>			<p>9.1 Educational materials are purchased, maintained and readily available for distribution to public/community, professional and adult priority population audiences. (DRF)</p>	<ul style="list-style-type: none"> SFY 2026 Deliverable Reimbursement Form Vendor purchase/print invoices(s)

ODH Program Title: Sickle Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (10): Professional Development

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 10.1 - By June 30, 2026, subrecipient deliverable staff will complete a minimum of one (1) professional development activity to advance their knowledge in the following grant <u>priority focus areas</u>: health equity and/or culturally and linguistically appropriate service (CLAS) delivery. Type of activities under this deliverable include conference sessions, seminars/presentations, workshops, and/or course.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 10.1).</i></p>			<p>10.1 The number of professional development activities completed by subrecipient deliverable staff related to the priority focus areas. (DRF)</p>	<ul style="list-style-type: none"> SFY 2026 Deliverable Reimbursement Form SFY 2026 Professional Development Verification Form (with supporting documentation) Vendor purchase receipt/invoice(s)

ODH Program Title: Sickie Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN**
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (10): Professional Development

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 10.2 – By June 30, 2026, subrecipient deliverable staff (<i>providing hemoglobinopathy counseling services</i>) will complete the Hemoglobinopathy Counselor Training Course (<i>presented by the Cincinnati Comprehensive Sickle Cell Center</i>). The deliverable requirement applies to subrecipient staff as follows: (a) NEW deliverable staff within one (1) year of employment and (b) EXISTING deliverable staff with prior attendance greater than four (4) years.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 10.2).</i></p>	.		<p>10.2 (a) The number of NEW subrecipient deliverable staff who complete the Cincinnati Hemoglobinopathy Counselor Training Course within one (1) year of employment. (DRF)</p> <p>10.2 (b) The number of EXISTING subrecipient deliverable staff who complete the Cincinnati Hemoglobinopathy Counselor Training Course with prior attendance greater than four (4) year. (DRF)</p>	<ul style="list-style-type: none"> • SFY 2026 Deliverable Reimbursement Form • SFY 2026 Professional Development Verification Form (with supporting documentation)* • Certificate of course completion • Course registration receipt

*Excludes reimbursement that applies under Deliverable 10.1

ODH Program Title: Sickle Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (11): Data Collection and Reporting

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 11.1 - By June 30, 2026, the subrecipient will prepare and submit a <u>Program Performance Report</u> (PPR) to report progress on program performance measures. The PPR must be submitted electronically in GMIS, either monthly or quarterly (<i>specify subrecipient reimbursement type</i>), by the due date and in the format specified by ODH Program.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 11.1).</i></p>			<p>11.1 The subrecipient submits the completed PPR electronically in GMIS (<i>under Program Reports</i>) to report progress on program performance measures. (DRF)</p>	<ul style="list-style-type: none"> SFY 2026 Deliverable Reimbursement Form

ODH Program Title: Sickle Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (11): Data Collection and Reporting

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverable-Objective	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 11.2 – By April 10, 2026, the subrecipient will prepare and submit an <u>Annual Report Worksheet</u> (ARW) to report project profile information and/or significant accomplishments/achievements. The ARW must be submitted electronically in GMIS by the due date and in the format specified by ODH Program.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 11.2).</i></p>			<p>11.2 The subrecipient submits the completed ARW electronically in GMIS (<i>under Expenditure Report Comments</i>) to report project profile information and/or significant accomplishments/achievements. (DRF)</p>	<ul style="list-style-type: none">• SFY 2026 Deliverable Reimbursement Form

ODH Program Title: Sickie Cell Statewide Family Support Initiative**DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026**

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (12): Subrecipient Communication with ODH Program

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 12.1 - By June 30, 2026, subrecipient deliverable staff will participate in meeting formats as required by ODH Program. <u>In-person meetings</u> will be held in Columbus. <u>Virtual meetings</u> will be held on the Microsoft Teams communication platform. Meeting formats for this deliverable include quarterly check-in meetings and bi-annual deliverable staff meetings.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 12.1).</i></p>			<p>12.1 Subrecipient deliverable staff representation or an ODH approved designee at all meeting formats. (DRF)</p>	<ul style="list-style-type: none"> SFY 2026 Deliverable Reimbursement Form Sign-in sheet (<i>for in-person meetings</i>) Roll call via MS Teams chat and/or MS Teams Participant Attendance Report (<i>for virtual meetings</i>)

ODH Program Title: Sickle Cell Statewide Family Support Initiative

DELIVERABLE-OBJECTIVES AND WORK PLAN
State Fiscal Year: July 1, 2025 to June 30, 2026

Subrecipient Agency: _____

GMIS Project #: _____

Deliverable- Objective (13): Engaging the Community

One deliverable, numbered sequentially, per page. Submit in format provided by ODH Program. Number each page.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) ODH Program Validation/Data Source
<p>Deliverable 13.1 - By April 10, 2026, the subrecipient will implement one (1) identified indicator from the SFY 2025 Community Engagement Action Plan that focuses on improvement and enhancement with community stakeholders who were invited to participate in the survey.</p> <p>Refer to Appendix B1 for complete deliverable language and reimbursement information.</p> <p>NOTE: <i>This is a required deliverable (Deliverable 13.1).</i></p>			<p>13.1 The subrecipient submits a completed copy of the <i>Community Engagement Work Plan Results</i> Form. (DRF).</p>	<ul style="list-style-type: none">• SFY 2026 Deliverable Reimbursement Form• <i>Community Engagement Work Plan Results</i> Form

Ohio Department of Health
Bureau of Maternal, Child, and Family Health
Sickle Cell Services Program

SFY 2026 DELIVERABLE STAFF CONTACT INFORMATION FORM

Instructions:

- (1) **Agency Name:** Complete this section to include the subrecipient agency name (*as listed in GMIS*).
- (2) **Project Name:** Complete this section to include the name of the Sickle Cell Project.
- (3) **Role/Function /Title:** This column is pre-populated with deliverable staff member requirements.
- (4) **Staff Name:** Complete this column to include the name(s) of the deliverable staff member under each Role/Function/Title pre-populated in column #3.

NOTE: If a deliverable staff member has multiple responsibilities under a Role/Function/Title, indicate in Column #4. "Not Applicable" is an unacceptable response under this column.
- (5) **Credentials:** Complete this column to list the credentials for the deliverable staff member listed in Column #4.
- (6) **Telephone Number:** Complete this column to include the telephone number that is directly associated with the deliverable staff member listed in column #4. Include an extension, if applicable.
- (7) **Email Address:** Complete this column to include the e-mail address that is directly associated with the deliverable staff member listed in column #4.
- (8) **Other:** Complete this section to include other subrecipient non-SCP staff (*if applicable*) directly involved with deliverable activities. All column information is required.

DO NOT SUBMIT INSTRUCTIONS PAGE WITH APPLICATION

SFY 2026 DELIVERABLE STAFF CONTACT INFORMATION FORM

(1) Agency Name _____

(2) Project Name _____

(3) Role/Function /Title	(4) Staff Name	(5) Staff Credentials	(6) Telephone Number (including extension)	(7) E-mail Address
Medical Director				
Medical Advisor (CBOs Only)				
Project Director				
(8) Subrecipient non-SCP Staff (Refer to Instructions)				

Signature of Project Director _____

Date _____

Ohio Department of Health
Bureau of Maternal, Child, and Family Health
Sickle Cell Services Program

SFY 2026 DATA ASSURANCES FORM

Subrecipient must provide signed assurance that the following Ohio Department of Health Sickle Cell Services Program statements of assurance will be in place by July 1, 2025.

Sickle Cell Statewide Family Support Initiative

1. Assurance that all data obtained and generated under this grant will be owned by ODH.
2. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency.
3. Assurance that appropriate safeguards are in place to secure confidential and sensitive information if/when teleworking. The teleworker(s) must effectively safeguard information and obtain necessary software and/or physical equipment to secure confidential and sensitive information.
4. Assurance that disclosing information and records received from ODH, including patient identifying health information and protected health information, is strictly prohibited, unless authorized by state or federal law.
5. Assurance that notice will be provided to ODH upon receiving any requests for records provided by ODH.
6. Assurance that prior approval must be provided by ODH in order to utilize secure ODH data in any type of published journal articles, research, posters, presentations, etc.
7. Assurance that, except for as stated herein, no third-party entity will have access to the records and information provided by ODH.
8. Assurance of compliance with confidentiality provisions in accordance with federal and state laws, federal regulations, and the administrative rules of ODH. Further, assurance that data will be accessed only by authorized employees and officials.
9. Assurance that information and records provided by ODH will be stored in an area where access by unauthorized persons is restricted during duty hours, as well as non-duty hours or when not in use. ODH records will be processed and utilized in a manner that will protect the confidentiality of the records and stored on a secure server and/or in a secure system in such a way that unauthorized persons cannot retrieve any such data by computer, remote terminal, or other means.

Agency Name (as listed in GMIS):	GMIS Project Number:
Institutional Signatory:	
[Signature]	
[Print Name & Title]	
[Date]	

Ohio Department of Health
Bureau of Maternal, Child, and Family Health
Sickle Cell Services Program

SFY 2026 USER ACCESS FORM

(1) Agency Name (as listed in GMIS): _____

(2) GMIS Project Number: _____

(3) First Name, Last Name	(4) Role/Function/Title	(5) Work Email Address	(6) User access to GMIS? (✓Check one)		(7) User access to MCHIDS/SCED? ¹ (✓Check one)	
			YES	NO	YES	NO
	Medical Director					
	Medical Advisor (CBOs ONLY)					
	Project Director					
(8) Subrecipient non-SCP Staff (as listed on Deliverable Staff Contact Information Form)						

¹ Access required for MCHIDS/SCED will be provided to new users subsequent to official notification from ODH Program.

Ohio Department of Health
Bureau of Maternal, Child, and Family Health
Sickle Cell Services Program

SFY 2026 LETTER OF DOCUMENTATION

Include:

The subrecipient must identify and provide a letter of documentation from the Medical Director/Medical Advisor that will provide medical guidance and leadership to the sickle cell project under this initiative. The position of Medical Director is associated with hospital-based projects. The Medical Advisor position is associated with community-based projects.

The letter of documentation must be **signed, dated on official letterhead and document the relationship – including roles and responsibilities - of the Medical Director/Medical Advisor and the subrecipient.**

Refer to Appendix E in the SFY 2025 competitive Solicitation for an example of the Medical Director/Medical Advisor position description.

Submit the Letter of Documentation as an upload in GMIS under Project Narrative Attachments.

Ohio Department of Health
Bureau of Maternal, Child, and Family Health
Sickle Cell Services Program

SFY 2026 BIOGRAPHICAL SKETCH

Provide the following information for project deliverables staff.
Follow this format for each person. DO NOT EXCEED FOUR PAGES.

NAME:	POSITION TITLE:		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, include postdoctoral training, if applicable). Add/delete rows as necessary.</i>			
INSTITUTION AND LOCATION	DEGREE	COMPLETION DATE MM/YYYY	FIELD OF STUDY

A. Personal Statement

Briefly describe why your experience and qualifications make you particularly well-suited for your role in the project that is the subject of this application.

B. Positions and Honors

Begin with current position, then list in reverse chronological order, relevant previous employment and experience. List any honors under a separate category.

C. Professional Appointments and Memberships

Begin with current appointments and/or memberships, then list in reverse chronological order, relevant professional appointments and/or memberships.

D. Certifications

List any current certifications that would be applicable to your role in the project (*e.g., Certified Health Education Specialist – CHES*).

Ohio Department of Health
Bureau of Maternal, Child, and Family Health
Sickle Cell Services Program

SFY 2026 POSITION DESCRIPTIONS

Include:

The subrecipient must provide a position description for all **deliverable staff** in which a biographical sketch is submitted.

If a staff member has not been selected for a vacant position, a narrative description of the job information and responsibilities must be documented and submitted in GMIS.

A position description is not required for the Medical Director/Medical Advisor.

Submit the Position Description as an upload in GMIS under Project Narrative Attachments.