



## Department of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

### MEMORANDUM

Date: December 18, 2020

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: Sickle Cell Initiative (SK22)  
July 1, 2021 – June 30, 2022

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., Monday, February 1, 2021.** 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/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Cheryl Jones, Sickle Cell Services Program Coordinator at (614) 728-6787 or email at [cheryl.jones@odh.ohio.gov](mailto:cheryl.jones@odh.ohio.gov).

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## 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: [07/01/2021 to 06/30/2022] of the total project period, [07/01/2020 to 06/30/2024]. Reference the competitive Solicitation for more information.

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).
- Sub-recipient'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 Initiative grants are comprised of funds generated from a portion of the state Newborn Screening fee. For the SFY 2022 budget period (07/1/2021 to 06/30/2022), up to six (6) grants may be awarded for a total amount of \$710,000.00. Grant amounts will range from \$54,713.00 to \$176,494.00. Eligible agencies may apply for continuation grant funding as follows:

| Subrecipient   | Region | SFY 2022 Funding |
|--|--------|------------------|
| Cincinnati Children's Hospital Medical Center            | I      | \$133,668.00     |
| Children's Medical Center – Dayton                       | II     | \$75,705.00      |
| Neighborhood Health Association of Toledo, Inc.          | II     | \$54,713.00      |
| The Research Institute of Nationwide Children's Hospital | IV     | \$170,881.00     |
| American Sickle Cell Anemia Association                  | V      | \$176,494.00     |

|  |    |             |
|--|----|-------------|
| Children's Hospital Medical Center – Akron | VI | \$98,539.00 |
|--|----|-------------|

*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 (e.g., budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation 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 font.
- Forms must be completed and submitted in the format provided by ODH.

### D. Qualified Applicants

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, February 1, 2021.**

## II. PROGRAM UPDATES:

- A. Program Progress Report:** 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:** *In accordance with the ODH Phase I and Phase II - Subgrant Flexibility Due to COVID-19 document, posted on the GMIS Bulletin Board 03/16/2020 and 03/31/2020 respectively, a Program Progress Report is not required for the SFY 2022 grant year.*

- B. Program Narrative:** Complete and submit a narrative statement (not to 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:** *In accordance with the ODH Phase I and Phase II - Subgrant Flexibility Due to COVID-19 document, posted on the GMIS Bulletin Board 03/16/2020 and 03/31/2020 respectively, a Program Narrative is not required for the SFY 2022 grant year.*

- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) 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 2022. The Deliverable – Objectives and Work Plan must be completed in the format provided by the ODH Sickle Cell Program Coordinator (see **ATTACHMENT #1**). Submit in GMIS under the Program Narrative Section.*

- D. Documentation & Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation related to health equity. This information must be supported by data. Continuation Solicitations must also use the ***Place Matters Documentation Spreadsheet*** to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period.

**Sickle Cell Program Application Guidance:** *In consultation with Chip Allen - Director, ODH Office of Health Equity - it has been determined that this section does not apply for the SFY 2022 grant year. No narrative submission is required. This includes the ***Place Matters Documentation Spreadsheet***.*

- 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, an budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=595863>  
Posted Date: 03/13/2020 – Subject: Updated Budget Justification Templates – File Name: Budget Justification Deliverable Example Effective March 13, 2020 – Scenario: 3.

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. SFY 2022 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 07/01/2021 to 06/30/2022. |

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

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

**Sickle Cell Program Application Guidance:** *Please reference your SFY 2021 Compliance Form to ensure accurate completion and non-duplication of Special Conditions.* |

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

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

**Program-Specific Unallowable Costs**

16. Advertisement – other than for recruitment or procurement;
17. Alcoholic beverages; |
18. Client Incentives (gas cards) and Client Enablers, unless specified by ODH and in the Solicitation;

### **Program-Specific Unallowable Costs (continued)**

19. Costs associated with any work produced under this grant, including documents, data, photographs and negatives, electronic reports, records, software, source code, or other media that is not pre-approved in advance by ODH;
20. Costs associated with clinical services (with the exception of instructional supplies);
21. First class travel;
22. Funds requested to reduce, replace or supplant existing subrecipient funds for sickle cell and other hemoglobinopathy services;
23. Grant-related equipment costs greater than \$1,000, unless justified and approved by ODH;
24. Lodging, travel and meals over the current state rates (See Ohio Shared Services website for hotel rates and meals per diem at: <http://www.ohiosharedservices.ohio.gov/TravelandExpense.aspx>);
25. Office furniture (refer to OGAPP Manual);
26. Out-of-state travel, unless specified by ODH and in the Solicitation (restrictions apply);
27. Promotional items (refer to OGAPP Manual);
28. Subscriptions;
29. Training longer than one week in duration, unless prior approved by ODH;
30. 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**

- **Ownership Copyright:** The subrecipient must continue to adhere to the ownership copyright and verbiage requirements on all work produced under this grant in accordance with the ODH OGAPP Manual and the SFY 2021 Competitive Solicitation.

**Sickle Cell Program Application Guidance:** *The ODH Sickle Cell Services Program Coordinator must also approve, in advance, the use of the ODH logo on any subrecipient materials.*

## **Program Specific Requirements (continued)**

- **GMIS Training:** All NEW and EXISTING Project Directors (requiring GMIS access) under this grant must: (1) complete ODH GMIS Training, (2) document completion of Training in GMIS (under Project Comments in the Application Section) and (3) be listed as a “User” in GMIS (under Project Contacts in the Application Section).

The GMIS Training Guides (7 self-paced guides) are available on the ODH website at <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants>.

**Sickle Cell Program Application Guidance:** *Completion of the self-paced GMIS Training Guides is also highly recommended for subrecipient agency fiscal staff.*

- **New Personnel:** The subrecipient must continue to adhere to the biographical sketch and position description requirements for all NEW subrecipient deliverable staff as outlined in the SFY 2021 Solicitation.
- **Data Collection and Reporting Requirements:** Each subrecipient will be required to: (1) maintain computer and software as specified by ODH to allow linkage in designated information systems, including but not limited to GMIS and the Maternal and Child Health Integrated Data System (MCHIDS)/Sickle Cell Event Database (SCED); (2) enter sickle cell events (education and awareness) in accordance with ODH data system and timeline requirements; (3) report program performance measures as defined by ODH and (4) submit annual aggregate level data and subrecipient information and/or significant accomplishments/achievements in the format specified by ODH.

**Sickle Cell Program Application Guidance:** *The formats for submission of these data collection and reporting requirements will be provided to the subrecipient subsequent to official notification from ODH.*

- **Monitoring:** As per OGAPP (Section F – Subrecipient Monitoring), ODH is responsible for monitoring the activities of subrecipients to ensure that federal and state funds are used for authorized purposes in compliance with federal and state program laws, regulations and OGAPP. ODH Sickle Cell Services Program monitoring responsibilities may include, but are not limited to, the following activities: (1) reviewing reports and/or quality assurance self-assessments submitted by subrecipients; (2) performing site visits to the subrecipient to review programmatic records; (3) observing subrecipient operations; (4) ensuring compliance to OGAPP and all applicable federal and state laws and regulations; (5) tracking inventory and (6) providing technical assistance and consultation to subrecipient staff on programmatic issues. Subrecipients will be notified in advance of any monitoring activities to be performed by ODH Program during the grant period.



**Program Specific Attachments:** Complete and submit the following attachments:

- **ATTACHMENT #1 - Deliverable - Objectives and Work Plan**

An original of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit Central Master Files address by **4:00 p.m. on or before the due date**. All attachments must clearly identify the authorized program name and program number and be attached under the Project Narrative section in GMIS. On those paper attachments (if applicable) that require a signature, the signature must be in blue ink.

**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](mailto: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 automatically with each application via the Internet.
- **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 applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

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

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

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

- **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:**

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

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

☐ Applicable ☒ **Not Applicable to (Sickle Cell 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 Performance Reports** and other reporting documents **must be completed and submitted via GMIS** by the following dates:

X Program Reports Required

\_\_\_\_\_ No Program Report Required

**Subrecipient Monthly Program Performance Reports**

| <i>Period</i>                 | <i>Report Due Date</i>    |
|-------------------------------|---------------------------|
| <i>July 1 – 31, 2021</i>      | <i>August 10, 2021</i>    |
| <i>August 1 – 31, 2021</i>    | <i>September 10, 2021</i> |
| <i>September 1 – 30, 2021</i> | <i>October 10, 2021</i>   |
| <i>October 1 – 31, 2021</i>   | <i>November 10, 2021</i>  |
| <i>November 1 – 30, 2021</i>  | <i>December 10, 2021</i>  |
| <i>December 1 – 31, 2021</i>  | <i>January 10, 2022</i>   |
| <i>January 1 – 31, 2022</i>   | <i>February 10, 2022</i>  |
| <i>February 1 – 28, 2022</i>  | <i>March 10, 2022</i>     |
| <i>March 1 – 31, 2022</i>     | <i>April 10, 2022</i>     |
| <i>April 1 – 30, 2022</i>     | <i>May 10, 2022</i>       |
| <i>May 1 – 31, 2022</i>       | <i>June 10, 2022</i>      |
| <i>June 1 – 30, 2022</i>      | <i>July 10, 2022</i>      |

**Subrecipient Quarterly Program Performance Reports**

| <i>Period</i>                        | <i>Report Due Date</i>  |
|--------------------------------------|-------------------------|
| <i>July 1 - September 30, 2021</i>   | <i>October 10, 2021</i> |
| <i>October 1 - December 31, 2021</i> | <i>January 10, 2022</i> |
| <i>January 1 - March 31, 2022</i>    | <i>April 10, 2022</i>   |
| <i>April 1 - June 30, 2022</i>       | <i>July 10, 2022</i>    |

**Subrecipient Minimum Data Set and Annual Report Worksheet**

| <i>Period</i>                       | <i>Report Due Date</i> |
|-------------------------------------|------------------------|
| <i>July 1, 2020 – June 30, 2021</i> | <i>June 30, 2022</i>   |

**Subrecipient Monthly Deliverable Reimbursement Form**

| <i>Period</i>                 | <i>Report Due Date</i>    |
|-------------------------------|---------------------------|
| <i>July 1 – 31, 2021</i>      | <i>August 10, 2021</i>    |
| <i>August 1 – 31, 2021</i>    | <i>September 10, 2021</i> |
| <i>September 1 – 30, 2021</i> | <i>October 10, 2021</i>   |
| <i>October 1 – 31, 2021</i>   | <i>November 10, 2021</i>  |
| <i>November 1 – 30, 2021</i>  | <i>December 10, 2021</i>  |
| <i>December 1 – 31, 2021</i>  | <i>January 10, 2022</i>   |
| <i>January 1 – 31, 2022</i>   | <i>February 10, 2022</i>  |
| <i>February 1 – 28, 2022</i>  | <i>March 10, 2022</i>     |
| <i>March 1 – 31, 2022</i>     | <i>April 10, 2022</i>     |

|                           |                      |
|---------------------------|----------------------|
| <i>April 1 – 30, 2022</i> | <i>May 10, 2022</i>  |
| <i>May 1 – 31, 2022</i>   | <i>June 10, 2022</i> |
| <i>June 1 – 30, 2022</i>  | <i>July 10, 2022</i> |

**Subrecipient Quarterly Deliverable Reimbursement Form**

|                                      |                         |
|--------------------------------------|-------------------------|
| <i>Period</i>                        | <i>Report Due Date</i>  |
| <i>July 1 - September 30, 2021</i>   | <i>October 10, 2021</i> |
| <i>October 1 - December 31, 2021</i> | <i>January 10, 2022</i> |
| <i>January 1 - March 31, 2022</i>    | <i>April 10, 2022</i>   |
| <i>April 1 - June 30, 2022</i>       | <i>July 10, 2022</i>    |

**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.

**Sickle Cell Program Application Guidance:** *The formats for submission of the Program Performance Report (and any required attachments), the Minimum Data Set and Annual Report Worksheet and the Deliverable Reimbursement Form (including validation information) will be provided to the subrecipient subsequent to official notification from ODH.*

In addition to submission of the above-listed reporting documents, subrecipient deliverable staff are **required** to participate in meeting formats (in-person or virtual), to include but not limited to:

|   |   |
|---|---|
| <b><i>Subrecipient Communication with ODH</i></b> | <b><i>Meeting Dates (subject to change)</i></b> |
| <i>Project Directors</i>                          | <i>September 10, 2021</i>                       |
| <i>Applicable Core Team Staff</i>                 | <i>December 10, 2021</i>                        |
|   | <i>March 11, 2022</i>                           |
|   | <i>June 10, 2022</i>                            |

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

|                               |                           |
|-------------------------------|---------------------------|
| <i>Period</i>                 | <i>Report Due Date</i>    |
| <i>July 1 – 31, 2021</i>      | <i>August 10, 2021</i>    |
| <i>August 1 – 31, 2021</i>    | <i>September 10, 2021</i> |
| <i>September 1 – 30, 2021</i> | <i>October 10, 2021</i>   |
| <i>October 1 – 31, 2021</i>   | <i>November 10, 2021</i>  |
| <i>November 1 – 30, 2021</i>  | <i>December 10, 2021</i>  |
| <i>December 1 – 31, 2021</i>  | <i>January 10, 2022</i>   |
| <i>January 1 – 31, 2022</i>   | <i>February 10, 2022</i>  |
| <i>February 1 – 28, 2022</i>  | <i>March 10, 2022</i>     |
| <i>March 1 – 31, 2022</i>     | <i>April 10, 2022</i>     |
| <i>April 1 – 30, 2022</i>     | <i>May 10, 2022</i>       |

|                   |               |
|-------------------|---------------|
| May 1 – 31, 2022  | June 10, 2022 |
| June 1 – 30, 2022 | July 10, 2022 |

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

| Period                        | Report Due Date  |
|-------------------------------|------------------|
| July 1 - September 30, 2021   | October 10, 2021 |
| October 1 - December 31, 2021 | January 10, 2022 |
| January 1 - March 31, 2022    | April 10, 2022   |
| April 1 - June 30, 2022       | July 10, 2022    |

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

- 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, 2022**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## **APPENDICES**

- A. Continuation Solicitation Reimbursement Type Form
- B1. Deliverable – Objective Descriptions (if applicable)
- B2. Deliverable – Objective Descriptions (if applicable)

## **PROGRAM-SPECIFIC ATTACHMENTS**

- 1. Deliverable -Objectives and Work Plan



Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

**CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM**

**Submission  
Required**

Ohio Department of Health  
Bureau of Maternal, Child and Family Health

See due date below

ODH Program Title:  
Sickle Cell Initiative

**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 28, 2020**

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov))

**Name of Subgrant Program:** Sickle Cell Initiative

**Budget Period:** July 1, 2021 to June 30, 2022

**# of Deliverables:** 10

**Use Budget Justification Scenario#:** 3

☐ **Base and Deliverables**

☒ **Deliverables Only**

**Deliverable - Objective 1: Ensure sickle cell services are available to Ohioans**

Total Amount Available: Varies by Subrecipient

- Deliverable 1.1** - By June 30, 2022, each subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of **regional** comprehensive services for newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. The subrecipient will also be expected to maintain registration with the information and resource agency in their region. For in-office and telework options, the purchase of office supplies (*e.g., printer ink, paper, binders, trolley locking file cabinets, etc.*), COVID-19 supplies (*e.g., tissues, alcohol-based hand sanitizer, cleaner and disinfectant, disposable towels, face masks and other personal protection equipment, etc.*) and equipment – necessary and reasonable for proper and efficient performance and administration of the program - are allowable costs under this deliverable. Reimbursement for this deliverable is either **monthly** or **quarterly** (*based on subrecipient reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

| Subrecipient   | Region | Maximum Reimbursement |
|--|--------|-----------------------|
| Cincinnati Children's Hospital Medical Center            | I      | \$9,576.00            |
| Children's Hospital - Dayton                             | II     | \$7,350.00            |
| Neighborhood Health Association of Toledo, Inc           | III    | \$5,890.00            |
| The Research Institute of Nationwide Children's Hospital | VI     | \$12,700.00           |
| American Sickle Cell Anemia Association                  | V      | \$14,714.00           |
| Children's Hospital Medical Center - Akron               | VI     | \$6,464.00            |

**NOTE:** Subrecipient must have the operational capacity to work remotely (as necessary) and follow the OGAPP guidelines for purchase of office supplies and equipment. Reference Chapter 2, Section B2.5 – Other Direct Costs (page 40) and Section B2.6 – Equipment Costs (page 43) for more information. Failure to follow these guidelines may result in disallowance of costs.

**Deliverable - Objective 2: Newborn Bloodspot Screening Follow-Up**

Total Amount Available: Varies by Subrecipient

- **Deliverable 2.1** - By June 30, 2022, each subrecipient will provide newborn blood spot screening follow-up services to **newborns/infants** identified on Ohio's newborn bloodspot screening panel with an **abnormal hemoglobin disease or hemoglobin trait** result. Reimbursement for this deliverable is \$115.00 per unique newborn/infant (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

| Subrecipient   | Region | Maximum Reimbursement |
|--|--------|-----------------------|
| Cincinnati Children's Hospital Medical Center            | I      | \$41,975.00           |
| Children's Hospital - Dayton                             | II     | \$32,085.00           |
| Neighborhood Health Association of Toledo, Inc           | III    | \$21,045.00           |
| The Research Institute of Nationwide Children's Hospital | VI     | \$70,840.00           |
| American Sickle Cell Anemia Association                  | V      | \$55,095.00           |
| Children's Hospital Medical Center - Akron               | VI     | \$33,235.00           |

**Deliverable - Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results**

Total Amount Available: Varies by Subrecipient

- **Deliverable 3.1** - By June 30, 2022, each subrecipient will provide hemoglobinopathy follow-up services to **non-newborns** identified with or at risk for an **abnormal hemoglobin disease or hemoglobin trait** result. Reimbursement for this deliverable is \$115.00 per unique non-newborn (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

| Subrecipient   | Region | Maximum Reimbursement |
|--|--------|-----------------------|
| Cincinnati Children's Hospital Medical Center            | I      | \$25,067.00           |
| Children's Hospital - Dayton                             | II     | \$5,860.00            |
| Neighborhood Health Association of Toledo, Inc           | III    | \$2,168.00            |
| The Research Institute of Nationwide Children's Hospital | VI     | \$23,251.00           |
| American Sickle Cell Anemia Association                  | V      | \$40,515.00           |
| Children's Hospital Medical Center - Akron               | VI     | \$11,630.00           |



**NOTE:** *Non-newborns are defined as an individual (newborn, infant, child and adult) **born** before the SFY 2022 reporting period (July 1, 2021 to June 30, 2022) who receive follow-up services from an RSCP or non-RSCP provider **during** the SFY 2022 reporting period.*

**Deliverable - Objective 4: Participation on External Groups, Programs or Organizations Representing Sick Cell**

Total Amount Available: \$1,000.00

- **Deliverable 4.1** - By June 3, 2022, subrecipient staff (*applicable core team staff*) will actively participate on a minimum of one (1) group, program or organization (*external to the subrecipient agency*) that serves to represent the needs of individuals with hemoglobinopathies and increase visibility of the regional sickle cell programs and services. Meeting attendance includes both virtual and in-person formats. Reimbursement for this deliverable is up to \$83.33 per month/per staff member or \$250.00 per quarter/per staff member (*based on subrecipient reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,000.00 per subrecipient.

**Deliverable - Objective 5: Implement/Participate in Sickle Cell Events Targeting Professionals**

Total Amount Available: Varies by Subrecipient

- **Deliverable 5.1** - By June 30, 2022, each subrecipient will implement/participate in education and/or awareness events (*utilizing various instructional formats*) targeting professionals in the region that service newborns/children/individuals/families identified with or at risk for hemoglobinopathies. **This includes education and/or awareness events internal and external to the subrecipient agency.** Reimbursement for this deliverable is up to \$800.00 per event and includes staff preparation, set-up and participation time, staff travel (as necessary), event materials, registration fees, exhibit/booth costs (if applicable), post-event follow-up and data entry into the MCHIDS/SCED within ten (10) days of the event. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

| Subrecipient   | Region | Maximum Reimbursement |
|--|--------|-----------------------|
| Cincinnati Children's Hospital Medical Center            | I      | \$29,200.00           |
| Children's Hospital - Dayton                             | II     | \$5,600.00            |
| Neighborhood Health Association of Toledo, Inc           | III    | \$4,800.00            |
| The Research Institute of Nationwide Children's Hospital | VI     | \$22,800.00           |

|  |    |             |
|--|----|-------------|
| American Sickle Cell Anemia Association    | V  | \$23,600.00 |
| Children's Hospital Medical Center - Akron | VI | \$13,600.00 |

**NOTE:** *Targeted audiences under Deliverable 5.1 may include allied health professionals; community/social service professionals; faith-based leaders; medical students, interns, residents and fellows; medical support professionals; mixed disciplines; nurses; physicians and school personnel. School students may be included under this deliverable if they are part of the audience targeted to school personnel.*

- **Deliverable 5.2** - By June 30, 2022, subrecipient staff (*applicable core team staff*) may request travel to a National Sickle Cell Conference (e.g., Sickle Cell Disease Association of America, Inc. National Convention – SCDA) to present an **accepted abstract** for oral and/or poster presentation (*virtual or in-person*) **Abstract topics for submission must be related to services/activities/programs that are currently funded by ODH.** For accepted abstracts, (1) a copy of the final abstract must be submitted to the ODH Sickle Cell Program Coordinator prior to approval submission and (2) out-of-state travel expenditures for one (1) subrecipient staff member will include allowable travel and expense reimbursement as outlined in the OBM Travel Rules. The OBM Travel Rules can be found at <http://ohiosharedservices.ohio.gov/TravelExpense>. Total reimbursement for this deliverable is not to exceed the annual amount of \$2,000.00 per subrecipient.

**NOTE:** *This is a select deliverable (Deliverable 5.2). Total reimbursement is based on in-person attendance. If an abstract for oral and/or poster presentation is not submitted or accepted, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revision requests to adjust funding between select deliverable line items must be pre-approved (in writing) by the ODH Sickle Cell Program Coordinator prior to submission of the GMIS budget revision and revised budget justification narrative.*

#### **Deliverable - Objective 6: Implement/Participate in Sickle Cell Events Targeting the Public and Community in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers**

Total Amount Available: Varies by Subrecipient

- **Deliverable 6.1** - By June 30, 2022, each subrecipient will ensure that education and/or awareness events to raise public and community awareness of hemoglobinopathies are implemented in the **counties with the largest estimated number of sickle cell trait carriers**. Implementation of these events (*utilizing various instructional formats*) will include: (a) education and/or awareness events implemented throughout the current state fiscal year, (b) education and awareness events implemented in September 2021 for Sickle Cell Awareness Month and (3) education and/or awareness events implemented during the

state-designated Sickle Cell Sabbath weekend (*September 18-19, 2021*). Reimbursement for this deliverable is up to \$800.00 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 ten (10) days of the event. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

| Subrecipient   | Region | Maximum Reimbursement |
|--|--------|-----------------------|
| Cincinnati Children's Hospital Medical Center            | I      | \$12,800.00           |
| Children's Hospital - Dayton                             | II     | \$9,760.00            |
| Neighborhood Health Association of Toledo, Inc           | III    | \$5,760.00            |
| The Research Institute of Nationwide Children's Hospital | VI     | \$26,240.00           |
| American Sickle Cell Anemia Association                  | V      | \$27,520.00           |
| Children's Hospital Medical Center - Akron               | VI     | \$18,560.00           |

**NOTE:** *Targeted audiences under Deliverable 6.1 may include but are not limited to: affected individuals/families; faith-based congregations; general public; and school students. School personnel may be included under this deliverable if they are part of the audience targeted to school students.*

#### **Deliverable - Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials**

Total Amount Available: \$3,500.00

- **Deliverable 7.1** – By June 30, 2022, the subrecipient will maintain a clearinghouse and resource center of hemoglobinopathy education materials for regional distribution to public and professional 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 also be expected to maintain current, informative content which outlines available hemoglobinopathy services/activities/programs. Total reimbursement for this deliverable not to exceed the annual amount of \$2,000.00 per subrecipient.

**NOTE:** *All new and existing materials (including print and multi-media) produced under Deliverable 7.1 must adhere to the ownership copyright and verbiage/logo requirements as set forth in the SFY 2021 and SFY 2022 Solicitations.*

- **Deliverable 7.2** - By June 30, 2022, each subrecipient may purchase medical and/or instructional supplies for operational maintenance and/or requirements. Limitations apply as follows: (1) Medical supplies are limited to those supplies required by a trained phlebotomist to perform hemoglobin testing at a designated location or at outreach education and/or awareness events and (2) Instructional materials are limited to the purchase and distribution of thermometers and other items (*e.g., pill organizer, pill crushers, medical identification bracelets, etc.*) to parents/guardians of newborns/infants and individuals confirmed with a hemoglobin disease. Medical and instructional supplies purchased under this deliverable must follow the OGAPP Manual for unallowable cost specifications for promotional items (*e.g., no items with slogans, logos, agency address/name, messaging*). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,500.00 per subrecipient.

**NOTE:** *This is a select deliverable (Deliverable 7.2). If the requirements for this deliverable have been met or are not applicable, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revision requests to adjust funding between select deliverable line items must be pre-approved (in writing) by the ODH Sickle Cell Program Coordinator prior to submission of the GMIS budget revision and revised budget justification narrative.*

### **Deliverable-Objective 8: Staff Professional Development**

Total Amount Available: \$1,600.00

- **Deliverable 8.1** - By June 30, 2022, each subrecipient staff member (*applicable core team staff*) will complete a minimum of one (1) professional development activity to advance knowledge in the areas of hemoglobinopathies, newborn screening, hemoglobinopathy counseling, educational programming and/or culturally and linguistically appropriate service delivery. Activities under this deliverable include, but are not limited to conferences, seminars, workshops, webinars and/or in-service trainings. This deliverable also includes activities related to unified communication methods and collaboration tools (*e.g., Microsoft Teams, Zoom, etc.*). Reimbursement for this deliverable is up to \$150.00 per activity. 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 staff professional development requirement.*

- **Objective 8.2** - By June 30, 2022, subrecipient staff (*applicable core team staff*) will complete the Cincinnati Hemoglobinopathy Counselor Training Course (*presented by the Cincinnati Comprehensive Sickle Cell Center*). This deliverable requirement applies to subrecipient staff as follows: (a) NEW subrecipient staff within one year of employment and (b) EXISTING subrecipient staff with prior attendance greater than four (4) years. For a *virtual event*, reimbursement for this deliverable is \$250.00 per subrecipient staff member (*registration and conference fees*). For an *in-person event*, total reimbursement for this deliverable is not to exceed the annual amount of \$1,000.00 per subrecipient staff member.

**NOTE:** *This is a select deliverable (Deliverable 8.2). If the requirements for this deliverable have been met or are not applicable, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revision requests to adjust funding between select deliverable line items must be pre-approved (in writing) by the ODH Sickle Cell Program Coordinator prior to submission of the GMIS budget revision and revised budget justification narrative.*

### **Deliverable-Objective 9: Data Collection and Reporting**

Total Amount Available: \$3,950.00.00

- **Deliverable 9.1** – By June 30, 2022, each subrecipient will report progress on program performance measures utilizing the Program Performance Report (PPR). The PPR must be submitted electronically in GMIS, either monthly or quarterly (*based on subrecipient reimbursement type*), in the format specified by ODH. Refer to the Solicitation for monthly or quarterly due dates. Reimbursement for this deliverable is \$100.00 per month or \$300.00 per quarter. Total reimbursement for this deliverable is not to exceed the annual amount of \$1,200.00 per subrecipient.
- **Deliverable 9.2** – By June 30, 2022, each subrecipient will prepare and submit a Minimum Data Set Report (MDSR) and Annual Report Worksheet (ARW) for the preceding fiscal year. The MDSR will report aggregate level data on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait result. The ARW will report subrecipient information and/or significant accomplishments/achievements. Both the MDSR and ARW must be submitted electronically by the due date and in the format specified by ODH. Total reimbursement for this deliverable is not to exceed the annual amount of \$2,750.00 per subrecipient.

**NOTE:** *For SFY 2022, subrecipients will be required to maintain reporting of Hispanic ethnicity for newborns and non-newborns confirmed with a hemoglobin disease or hemoglobin trait on the MDS.*

**Deliverable-Objective 10: Subrecipient Communication with ODH**

Total Amount Available: \$3,000.00

- **Deliverable 10.1** - By June 30, 2022, subrecipient staff (*applicable core team staff*) will participate in meeting formats as requested/required by ODH. The formats will include, but not limited to, teleconferencing, video conferencing and/or in-person meetings. Core team staff representation will be required at all requested/required meetings. Reimbursement for this deliverable is \$500.00 per meeting. Total reimbursement for this deliverable is not to exceed the annual amount of \$3,000.00 per subrecipient.

Name of Subgrant Program: Sickle Cell Initiative

Budget Period: 07/01/2021 to 06/30/2022

# of Deliverables: 10

Use Budget Justification Scenario #: 3

Appendix B2

\_\_\_ Base and Deliverables

\_X\_ Deliverables Only

|  | Deliverable-Objective 1<br>Deliverable 1.1<br>Ensure sickle cell<br>services are available to<br>Ohioans | Deliverable-Objective 2<br>Deliverable 2.1<br>Newborn Bloodspot<br>Screening Follow-Up | Deliverable-Objective 3<br>Deliverable 3.1<br>Follow-Up of Abnormal<br>Hemoglobinopathy<br>Results | Deliverable-Objective 4<br>Deliverable 4.1<br>Participation on<br>External Groups,<br>Programs or<br>Organizations<br>Representing Sickle Cell | Deliverable-Objective 5<br>Deliverable 5.1<br>Education/Awareness<br>Events Targeting<br>Professionals | Deliverable-Objective 5<br>Deliverable 5.2<br>Education/Awareness<br>Events Targeting<br>Professionals | Deliverable-Objective 6<br>Deliverable 6.1<br>Education/Awareness<br>Events in the Counties<br>with the Largest<br>Estimated Number of<br>Sickle Cell Trait Carriers | Deliverable-Objective 7<br>Deliverable 7.1<br>Procurement of Medical<br>Supplies, Instructional<br>Supplies and Educational<br>Materials |
|--|--|--|--|--|--|--|--|--|
| Cincinnati Children's Hospital Medical Center            | \$9,576.00   | \$41,975.00  | \$25,067.00  | \$1,000.00   | \$29,200.00  | \$2,000.00   | \$12,800.00  | \$2,000.00   |
| Children's Medical Center - Dayton                       | \$7,350.00   | \$32,085.00  | \$5,860.00   | \$1,000.00   | \$5,600.00   | \$2,000.00   | \$9,760.00   | \$2,000.00   |
| Neighborhood Health Association of Toledo, Inc.          | \$5,890.00   | \$21,045.00  | \$2,168.00   | \$1,000.00   | \$4,800.00   | \$2,000.00   | \$5,760.00   | \$2,000.00   |
| The Research Institute of Nationwide Children's Hospital | \$12,700.00  | \$70,840.00  | \$23,251.00  | \$1,000.00   | \$22,800.00  | \$2,000.00   | \$26,240.00  | \$2,000.00   |
| American Sickle Cell Anemia Association                  | \$14,714.00  | \$55,095.00  | \$40,515.00  | \$1,000.00   | \$23,600.00  | \$2,000.00   | \$27,520.00  | \$2,000.00   |
| Children's Hospital Medical Center - Akron               | \$6,464.00   | \$33,235.00  | \$11,630.00  | \$1,000.00   | \$13,600.00  | \$2,000.00   | \$18,560.00  | \$2,000.00   |
| <b>TOTAL</b>   | <b>\$56,694.00</b>   | <b>\$254,275.00</b>  | <b>\$108,491.00</b>  | <b>\$6,000.00</b>  | <b>\$99,600.00</b>   | <b>\$12,000.00</b>   | <b>\$100,640.00</b>  | <b>\$12,000.00</b>   |

|  | Deliverable- Objective 7<br>Deliverable 7.2<br>Procurement of Medical<br>Supplies, Instructional<br>Supplies and Educational<br>Materials | Deliverable- Objective 8<br>Deliverable 8.1<br>Staff Professional<br>Development | Deliverable- Objective 8<br>Deliverable 8.2<br>Staff Professional<br>Development | Deliverable- Objective 9<br>Deliverable 9.1<br>Data Collection and<br>Reporting | Deliverable- Objective 9<br>Deliverable 9.2<br>Data Collection and<br>Reporting | Deliverable- Objective<br>10 Deliverable 10.1<br>Subrecipient<br>Communication with<br>ODH | Total               |
|--|---|--|--|---|---|--|---------------------|
| Cincinnati Children's Hospital Medical Center            | \$1,500.00  | \$600.00   | \$1,000.00   | \$1,200.00  | \$2,750.00  | \$3,000.00   | \$133,668.00        |
| Children's Medical Center - Dayton                       | \$1,500.00  | \$600.00   | \$1,000.00   | \$1,200.00  | \$2,750.00  | \$3,000.00   | \$75,705.00         |
| Neighborhood Health Association of Toledo, Inc.          | \$1,500.00  | \$600.00   | \$1,000.00   | \$1,200.00  | \$2,750.00  | \$3,000.00   | \$54,713.00         |
| The Research Institute of Nationwide Children's Hospital | \$1,500.00  | \$600.00   | \$1,000.00   | \$1,200.00  | \$2,750.00  | \$3,000.00   | \$170,881.00        |
| American Sickle Cell Anemia Association                  | \$1,500.00  | \$600.00   | \$1,000.00   | \$1,200.00  | \$2,750.00  | \$3,000.00   | \$176,494.00        |
| Children's Hospital Medical Center - Akron               | \$1,500.00  | \$600.00   | \$1,000.00   | \$1,200.00  | \$2,750.00  | \$3,000.00   | \$98,539.00         |
| <b>TOTAL</b>   | <b>\$9,000.00</b>   | <b>\$3,600.00</b>  | <b>\$6,000.00</b>  | <b>\$7,200.00</b>   | <b>\$16,500.00</b>  | <b>\$18,000.00</b>   | <b>\$710,000.00</b> |

**ODH Program Title: Sickle Cell****DELIVERABLE-OBJECTIVES AND WORK PLAN****State Fiscal Year: July 1, 2021 to June 30, 2022**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 1: Ensure sickle cell services are available to Ohioans.**

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

| (1)<br>Deliverable   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source   |
|--|--|-----------------------------------|--|--|
| <p><b>Deliverable 1.1</b> - By June 30, 2022, each subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of <b>regional</b> comprehensive services for newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. The subrecipient will also be expected to maintain registration with the information and resource agency in their region. For in-office and telework options, the purchase of office supplies, COVID-19 supplies, and equipment (<i>reasonable and necessary</i>) are allowable costs under this deliverable. <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>Subrecipient must have the operational capacity to work remotely (as necessary) and follow the OGAPP guidelines for purchase of office supplies and equipment. Reference Chapter 2, Section B2.5 - Other Directs Costs (page 40) and Section B2.6 - Equipment Costs (page 43) for more information. Failure to follow these guidelines may result in disallowance of costs.</i></p> |  |                                   | <p>1.1 (a) The identification of subrecipient staff who provide <b>regional</b> comprehensive services under this deliverable.</p> <p>1.1 (b) The number of days per week/month/quarter that subrecipient staff are available to provide <b>regional</b> comprehensive services under this deliverable.</p> <p>1.1 (c) Subrecipient maintains registration with the information and resource referral agency in the region (e.g., 2-1-1).</p> <p>1.1 (d) Subrecipient purchases office supplies, COVID-19 supplies and/or equipment, <i>as applicable</i>.</p> | <p>1.1 (a) Deliverables Reimbursement Form (DRF)</p> <p>1.1 (b) DRF</p> <p>1.1 (c) DRF</p> <p>1.1 (d) Vendor purchase invoices, <i>as applicable</i></p> |



**ODH Program Title: Sickle Cell****DELIVERABLE-OBJECTIVES AND WORK PLAN**  
**State Fiscal Year: July 1, 2021 to June 30, 2022**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 2: Newborn Bloodspot Screening Follow-Up – Hemoglobin Disease**

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

| (1)<br>Deliverable  | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source   |
|---|--|-----------------------------------|--|--|
| <b>Deliverable 2.1</b> - By June 30, 2022, each subrecipient will provide newborn blood spot screening follow-up services to <b>newborns/infants</b> identified on Ohio's newborn bloodspot screening panel with an <b>abnormal hemoglobin disease or hemoglobin trait</b> result. Refer to <b>Appendix B2</b> for reimbursement information. |  |                                   | <p>2.1 (a) (b) The number of unique newborns/infants (unduplicated) identified (on Ohio's newborn bloodspot screening panel) with an <b>abnormal hemoglobin disease</b> result who receive newborn bloodspot screening follow-up services during the reporting period (<i>This number must match the number provided on Deliverables Reimbursement Form</i>).</p> <p>2.1 (c) The number of newborns/infants with an <b>abnormal hemoglobin disease</b> result who are referred to a local health department/district for lost-to-follow-up (LTF) services.</p> <p>2.1 (d) The number of newborns/infants with an <b>abnormal hemoglobin disease</b> result who expired.</p> <p><i>Continued on next page</i></p> | <p>2.1 (a) Program Performance Report (PPR) and DRF</p> <p>2.1 (b) Case Disposition Forms or spreadsheet submitted to Program via secure e-mail</p> <p>2.1 (c) PPR</p> <p>2.1 (d) PPR</p> <p><i>Continued on next page</i></p> |

ODH Program Title: Sickle Cell**DELIVERABLE-OBJECTIVES AND WORK PLAN**  
**State Fiscal Year: July 1, 2021 to June 30, 2022**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 2: Newborn Bloodspot Screening Follow-Up – Hemoglobin Trait**

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

| (1)<br>Deliverable                   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source   |
|--------------------------------------|--|-----------------------------------|---|--|
| <b>Deliverable 2.1 – (continued)</b> |  |                                   | <p>2.1 (e) (f) The number of unique newborns/infants (unduplicated) identified (on Ohio's newborn bloodspot screening panel) with an <b>abnormal hemoglobin trait</b> result who receive newborn bloodspot screening follow-up services during the reporting period <i>(This number must match the number provided on Deliverables Reimbursement Form)</i>.</p> <p>2.1 (g) The number of newborns/infants with an <b>abnormal hemoglobin trait</b> result who are determined to be LTF via case disposition.</p> <p>2.1 (h) The number of newborns/infants with an <b>abnormal hemoglobin trait</b> result who expired.</p> | <p>2.1 (e) PPR and DRF</p> <p>2.1 (f) Case Disposition Forms or spreadsheet submitted to Program via secure e-mail</p> <p>2.1 (g) PPR</p> <p>2.1 (h) PPR</p> |

**ODH Program Title: Sickle Cell****DELIVERABLE-OBJECTIVES AND WORK PLAN**  
**State Fiscal Year: July 1, 2021 to June 30, 2022**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results – Hemoglobin Disease**

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

| (1)<br>Deliverable   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source  |
|--|--|-----------------------------------|--|---|
| <p><b>Deliverable 3.1</b> - By June 30, 2022, each subrecipient will provide hemoglobinopathy follow-up services to <b>non-newborns</b> identified with or at risk for an <b>abnormal hemoglobin disease or hemoglobin trait</b> result. <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>Non-newborns are defined as an individual (newborn, infant, child, adult) <b>born</b> before the SFY 2022 reporting period (July 1, 2021 to June 30, 2022) who receives follow-up services from an RSCP or non-RSCP provider <b>during</b> the SFY 2022 reporting period.</i></p> |  |                                   | <p>3.1 (a) The number of non-newborns identified with or at risk for an <b>abnormal hemoglobin disease</b> result who receive follow-up services during the reporting period (<i>This number must match the number provided on Deliverable Reimbursement Form</i>).</p> <p>3.1 (b) The number of non-newborns with an <b>abnormal hemoglobin disease</b> result who are LTF.</p> <p>3.1 (c) The number of non-newborns with an <b>abnormal hemoglobin disease</b> result who expired.</p> <p><i>Continued on next page</i></p> | <p>3.1 (a) PPR and DRF</p> <p>3.1 (b) PPR</p> <p>3.1 (c) PPR</p> <p><i>Continued on next page</i></p> |

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**Deliverable – Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results – Hemoglobin Trait**

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

| (1)<br>Deliverable                   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source  |
|--------------------------------------|--|-----------------------------------|---|---------------------|
| <b>Deliverable 3.1 – (continued)</b> |  |                                   | 3.1 (d) The number of non-newborns identified with or at risk for an <b>abnormal hemoglobin trait</b> result who receive follow-up services during the reporting period <i>(This number must match the number provided on Deliverables Reimbursement Form).</i> | 3.1 (d) PPR and DRF |
|                                      |  |                                   | 3.1 (e) The number of non-newborns with an <b>abnormal hemoglobin trait</b> result who are determined to be LTF.  | 3.1 (e) PPR         |
|                                      |  |                                   | 3.1 (f) The number of non-newborns with an <b>abnormal hemoglobin trait</b> result who expired.   | 3.1 (f) PPR         |

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**Deliverable- Objective 4: Participation on External Groups, Programs or Organizations Representing Sickle Cell**

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

| (1)<br>Deliverable   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source  |
|--|--|-----------------------------------|--|---|
| <b>Deliverable 4.1</b> - By June 30, 2022, subrecipient staff ( <i>applicable core team staff</i> ) will <u>actively participate</u> on a minimum of one (1) group, program or organization ( <i>external to the subrecipient agency</i> ) that serves to represent the needs of individuals with hemoglobinopathies and increase visibility of regional sickle cell programs and services. Meeting attendance includes both virtual and in-person formats. <b>Refer to Appendix B2 for reimbursement information.</b> |  |                                   | <p>4.1 (a) The number of <b><i>external</i></b> groups, programs and/or organizations that subrecipient staff have <u>active participation</u> on during the reporting period.</p> <p>4.1 (b) The number and percent of meetings attended by subrecipient staff.</p> | <p>4.1 (a) Attendance documents (e.g. certificate of attendance, registration receipt)</p> <p>4.1 (b) PPR</p> |

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**Deliverable- Objective 5: Implement/Participate in Sickle Cell Events Targeting Professionals**

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

| (1)<br>Deliverables   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source  |
|---|--|-----------------------------------|--|---|
| <p><b>Deliverable 5.1</b> - By June 30, 2022, each subrecipient will implement/participate in education and/or awareness events (<i>utilizing various instructional formats</i>) <u>targeting</u> professionals in the region that service newborns/children/individuals/families identified with or at risk for hemoglobinopathies. <b>This includes education and/or awareness events internal and external to the subrecipient agency. Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>Targeted audiences under Deliverable 5.1 may include but are not limited to: allied health professionals; community/social service professionals; faith-based leaders; medical students, interns, residents and fellows; medical support professionals; mixed disciplines; nurses; physicians and school personnel. School students may be included under this deliverable if they are part of the audience <u>targeted</u> to school personnel.</i></p> |  |                                   | <p>5.1 (a) The number of education and/or awareness events implemented by subrecipient staff targeting <b>professionals</b> in the region.</p> <p><b>This includes education and/or awareness events internal and external to the subrecipient agency.</b></p> <p>5.1 (b) The number of <b>professionals</b> who attend education and/or awareness events implemented by subrecipient staff.</p> | <p>5.1 (a) DRF and MCHIDS/SCED</p> <p>5.1 (b) DRF and MCHIDS/SCED</p> |

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**Deliverable- Objective 5: Implement/Participate in Sickle Cell Events Targeting Professionals**

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

| (1)<br>Deliverables   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source   |
|---|--|-----------------------------------|--|--|
| <p><b>Deliverable 5.2</b> - By June 30, 2022, subrecipient staff (<i>applicable core team staff</i>) may request travel to a National Sickle Cell Conference (e.g., Sickle Cell Disease Association of America, Inc. National Convention - SCDA ) to present an <b>accepted abstract</b> for oral and/or poster presentation (<i>virtual and/or in-person</i>). <b>Abstract topic(s) for submission must be related to services/activities/programs that are currently funded by ODH.</b> For accepted abstracts (1) a copy of the final abstract must be submitted to the ODH Sickle Cell Program Coordinator prior to approval submission and (2) out-of-state travel expenditures for one (1) subrecipient staff member will include allowable travel and expense reimbursement as outlined in the OBM Travel Rules. <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>This is a select deliverable (Deliverable 5.2). total reimbursement is based on in-person attendance.</i></p> |  |                                   | <p>5.2. (a) Abstract for poster and/or oral presentation (<i>virtual and/or in-person</i>) submitted to ODH for approval prior to conference submission.</p> <p><b>Abstract topic(s) for submission must be related to services/activities/programs that are currently funded by ODH.</b></p> <p>5.2 (b) Subrecipient staff present accepted abstract (poster and/or oral) at National Sickle Cell Conference.</p> | <p>5.2 (a) Approved abstract, acceptance letter</p> <p>5.2 (b) National Conference attendance document (e.g., certificate of attendance, registration receipt)</p> |

\*OBM Travel Rules can be found at: (<http://ohiosharedservices.ohio.gov/TravelExpense>).

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**Deliverable- Objective 6: Implement/Participate in Sickle Cell Events Targeting the Public/Community in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers**

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

| (1)<br>Deliverables  | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source   |
|--|--|-----------------------------------|---|--|
| <p><b>Deliverable 6.1</b> - By June 30, 2022, each subrecipient will ensure that education and/or awareness events to raise <u>public and community</u> awareness of hemoglobinopathies are implemented in the <b>counties with the largest estimated number of sickle cell trait carriers</b>. Implementation of these events (<i>utilizing various instructional formats</i>) will include: (a) education and/or awareness events implemented throughout the current state fiscal year, (b) education and/or awareness events implemented in September 2021 for Sickle Cell Awareness Month and (c) education/awareness events implemented during the state-designed Sickle Cell Sabbath weekend (<i>September 18-19, 2021</i>). <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> Targeted audiences under Deliverable 6.1 may include but are not limited to: affected individuals/families; faith-based congregations; general public; and school students. School personnel may be included under this deliverable if they are part of the audience <u>targeted</u> to school students.</p> |  |                                   | <p>6.1 (a) The number of education and/or awareness events implemented by subrecipient staff in the counties with the largest estimated number of sickle cell trait carriers.</p> <p>6.1 (b) The number of individuals who attend education and/or awareness events implemented by the subrecipient in the counties with the largest estimated number of sickle cell trait carriers.</p> <p>6.1 (c) The number of education and/or awareness events implemented by subrecipient staff during September 2021 Sickle Cell Awareness Month.</p> <p><i>Continued on next page</i></p> | <p>6.1 (a) DRF and MCHIDS/SCED</p> <p>6.1 (b)DRF and MCHIDS/SCED</p> <p>6.1 (c) DRF and MCHIDS/SCED</p> <p><i>Continued on next page</i></p> |



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**Deliverable- Objective 6: Implement/Participate in Sickle Cell Events Targeting the Public/Community in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers**

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

| (1)<br>Deliverables                | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source   |
|------------------------------------|--|-----------------------------------|---|--|
| <b>Deliverable 6.1 (continued)</b> |  |                                   | <p>6.1 (d) The number of individuals who attend education and/or awareness events implemented by the subrecipient staff during September 2021 Sickle Cell Awareness Month.</p> <p>6.1 (e) The number of education and/or awareness events implemented by subrecipient staff during the state designated SCS weekend (September 18-19, 2021).</p> <p>6.2 (f) The number of faith-based groups or institutions, of various denominations, that participate in SCS activities during the state-designated weekend.</p> | <p>6.1 (d) DRF and MCHIDS/SCED</p> <p>6.1 (e) DRF and MCHIDS/SCED</p> <p>6.1 (f) DRF and MCHIDS/SCED</p> |

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**Deliverable- Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials.**

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

| (1)<br>Deliverables  | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source   |
|--|--|-----------------------------------|--|--|
| <p><b>Deliverable 7.1</b> - By June 30, 2022, the subrecipient will maintain a clearinghouse and resource center of hemoglobinopathy education materials for regional distribution to public and professional 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 (<i>including digital and audio materials</i>) and internal departmental printing costs. The subrecipient will also be expected to maintain informative content which outlines available hemoglobinopathy services/activities/programs. <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>All new and existing materials (including print and multi-media) produced under Deliverable 7.1 must adhere to the ownership copyright and verbiage/logo requirements as set forth in the Competitive Solicitation.</i></p> |  |                                   | <p>7.1 (a) (b) Educational materials are purchased, maintained and readily available for distribution by the subrecipient to public and professional audiences in the region.</p> <p>7.1 (c) Informative content maintained by subrecipient that outlines available hemoglobinopathy services/activities/programs.</p> | <p>7.1 (a) Vendor purchase/print invoice</p> <p>7.1 (b) Resource listing of hemoglobinopathy educational materials maintained by subrecipient and submitted to ODH as requested</p> <p>7.1 (c) DRF</p> |

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**Deliverable- Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials.**

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

| (1)<br>Deliverables  | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source  |
|--|--|-----------------------------------|---|---|
| <p><b>Deliverable 7.2</b> - By June 30, 2022, each subrecipient may purchase medical and/or instructional supplies for operational maintenance and/or requirements. Limitations apply as follows: (1) Medical supplies are limited to those supplies required by a trained phlebotomist to perform hemoglobin testing at a designated location or at outreach education and/or awareness events and (2) Instructional supplies are limited to the purchase and distribution of thermometers or other items (<i>e.g., pill organizers, pill crushers, medical identification bracelets, etc.</i>) to parents/guardians of newborns/infants and individuals confirmed with a hemoglobin disease. Medical and instructional supplies purchased under this deliverable must follow the OGAPP Manual for unallowable cost specifications for promotional items (<i>e.g., no items with slogans, logos, agency address/name, messaging</i>). <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>This is a select deliverable (Deliverable 7.2).</i></p> |  |                                   | <p>7.2 (a) The purchase of medical supplies required by the subrecipient to perform hemoglobin testing at designated locations or at outreach education events.</p> <p>7.2 (b) The purchase of instructional supplies required for distribution to parents/guardians of newborns/infants and individuals confirmed with a hemoglobin disease.</p> | <p>7.2 (a) Vendor purchase/print invoice</p> <p>7.2 (b) Vendor purchase/print invoice</p> |

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**Deliverable- Objective 8: Staff Professional Development**

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

| (1)<br>Deliverables   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source   |
|---|--|-----------------------------------|---|--|
| <p><b>Deliverable 8.1</b> - By June 30, 2022, subrecipient staff (<i>applicable core team staff</i>) will complete a minimum of one (1) professional development activity to advance knowledge in areas related to hemoglobinopathies, newborn screening, hemoglobinopathy counseling, educational programming and/or culturally and linguistically appropriate service delivery. Activities under this deliverable include, but are not limited to conferences, seminars, workshops, webinars and/or in-service trainings. This deliverable also includes activities related to unified communication methods and collaboration tools (<i>e.g., Microsoft Teams, Zoom, etc.</i>). <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> Includes online and virtual fee-based activities. Physical attendance is limited to activities in Ohio. Subrecipient agency mandated professional development may also count towards this staff professional development requirement.</p> |  |                                   | 8.1 The number and percent of subrecipient staff ( <i>applicable core team staff</i> ) who complete the minimum requirement in areas related to hemoglobinopathies, newborn screening, hemoglobinopathy counseling, educational programming, health equity and/or culturally and linguistically appropriate service delivery. This deliverable also includes activities related to unified communication methods and collaboration tools. | 8.1 PPR and attendance documents (e.g., certificate of attendance, registration receipt) |

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**Deliverable- Objective 8: Staff Professional Development**

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

| (1)<br>Deliverables  | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source   |
|--|--|-----------------------------------|--|--|
| <p><b>Deliverable 8.2</b> - By June 30, 2022, subrecipient staff (<i>applicable core team staff</i>) will complete the Cincinnati Hemoglobinopathy Counselor Training Course (<i>presented by the Cincinnati Comprehensive Sickle Cell Center</i>). This deliverable requirement applies to subrecipient staff as follows: (a) NEW subrecipient staff within one year of employment and (b) EXISTING subrecipient staff with prior attendance greater than four (4) years. <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> <i>This is a select deliverable (Deliverable 8.2).</i></p> |  |                                   | 8.2 The number and percent of NEW and/or EXISTING subrecipient staff ( <i>applicable core team staff</i> ) who complete the Cincinnati Hemoglobinopathy Counselor Training Course. | 8.2 PPR and attendance documents (e.g., certificate of attendance) |

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**Deliverable- Objective 9: Data Collection and Reporting**

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

| (1)<br>Deliverables  | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source  |
|--|--|-----------------------------------|--|---|
| <b>Deliverable 9.1</b> - By June 30, 2022, the subrecipient will report progress on program performance measures utilizing the <u>Program Performance Report (PPR)</u> . The PPR must be submitted electronically in GMIS, either monthly or quarterly ( <i>based on subrecipient reimbursement type</i> ), in the format specified by ODH. Refer to the Solicitation for monthly or quarterly due dates. <b>Refer to Appendix B2 for reimbursement information.</b> |  |                                   | 9.1 Subrecipient will report progress on performance measures utilizing the PPR. | 9.1 PPR submitted in GMIS by the due date and in the format specified by ODH. |

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**Deliverable- Objective 9: Data Collection and Reporting**

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

| (1)<br>Deliverables   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures  | (5)<br>Data Source   |
|---|--|-----------------------------------|--|--|
| <p><b>Deliverable 9.2</b> – By June 30, 2022, each subrecipient will prepare and submit a <u>Minimum Data Set Report (MDSR) and Annual Report Worksheet (ARW)</u> for the preceding state fiscal year. The MDSR will report annual aggregate level data on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait. The ARW will report subrecipient information and/or significant accomplishments/achievements. Both the MDSR and ARW must be submitted electronically by the due date and in the format specified by ODH. <b>Refer to Appendix B2 for reimbursement information.</b></p> <p><b>NOTE:</b> For SFY 2022, subrecipients will be required to maintain reporting on Hispanic ethnicity for newborns and non-newborns confirmed with a hemoglobin disease or hemoglobin trait on the MDSR.</p> |  |                                   | <p>9.2 (a) Subrecipient will report aggregate level data on newborns and non-newborns as per deliverable requirements utilizing the MDSR.</p> <p>9.2 (b) Subrecipient will report information as per deliverable requirements utilizing the ARW.</p> | <p>9.2 (a) MDSR submitted electronically as specified by ODH</p> <p>9.2 (b) ARW submitted electronically by the due date and in the format specified by ODH.</p> |

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**Deliverable- Objective 10: Subrecipient Communication with ODH**

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

| (1)<br>Deliverables   | (2)<br>Work Plan Activities<br>(Responsible Party) | (3)<br>Timelines/<br>Start/Finish | (4)<br>Performance Measures   | (5)<br>Data Source   |
|---|--|-----------------------------------|---|--|
| <b>Deliverable 10.1</b> - By June 30, 2022, subrecipient staff ( <i>applicable core team staff</i> ) will participate in meeting formats requested/required by ODH. The formats will include, but are not limited to teleconferencing, video conferencing and/or in-person meetings. Core team staff representation will be required at all requested/required meetings. <b>Refer to Appendix B2 for reimbursement information.</b> |  |                                   | 10.1 Subrecipient core team staff representation required at all meeting formats requested/required by ODH. | 10.1 Subrecipient staff will be required to participate in attendance verification methods ( <i>e.g., sign-in sheet or roll call</i> ) as specified by ODH |