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

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

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation .

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| **Criterion (Total Points) 120**  **Must receive a score of 84 (70%) to be eligible for continuation of funding.** | **Score** | **Comments** |
| **General Requirements: Application materials uploaded to GMIS** | **0 = After 12/4**  **1 = Late, but correct day**  **4 = Fully on time** |  |
| GMIS application complete and on time**: Due Monday, December 4, 2023, by 4pm** | 0 1 4 |  |
| **Budget** | **0 = Not provided, incorrect, or inadequate**  **1 = partially correct**  **2 = correct** |  |
| Application information (overview and address) in GMIS | 0 1 2 |  |
| Budget only contains allowable costs (refer to Solicitation and OGAPP manual) | 0 1 2 |  |
| Budget includes program income (only on Itemized Budget) | 0 1 2 |  |
| Other Direct Costs amounts are correct in GMIS (Amounts must match - deliverable allocation – Appendix B2, budget justification, and direct costs screen.) | 0 1 2 |  |
| Compliance questions answered in GMIS (Will say *subgrantee completed* when complete.) | 0 1 2 |  |
| Civil Rights Questionnaire / EEO Survey | 0 1 2 |  |
| FFATA reporting form | 0 1 2 |  |
| Budget Justification/Narrative   * Budget justification in same order as GMIS budget * Explains and justifies Deliverable 1 * Explains and justifies Deliverable 2 * Includes authorized representative’s certification language * Signed by the agency head listed in GMIS (must be the same person) | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 | **Score 1** if repeat deliverable language.  **Score 2** if explains on how funding will be spent.  Do not include program income on the budget justification. |
| **Program Updates** | **0 = Not provided, incorrect, or inadequate**  **1 = Good**  **2 = Excellent** |  |
| Midyear Progress Report   * FY24 midyear progress report uploaded in GMIS by Oct. 15, 2023 (under RH24 grant) * Program Plan progress (proper evaluation, supporting data, and accomplishments) * Chart review summaries (correct amount, plans to take corrective action if needed) * CLAS plan accomplishments * Updated Itemized Budget * Midyear narrative | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Deliverable Progress – Ahlers data and deliverable reporting forms indicate 50% completion of deliverables (April 1 – September 30, 2023)   * Has sufficient progress been made on Deliverable 1?   + At least 50% of projected visits seen by September 30, 2023?   + QI Part 1 submitted?   + QI Part 2 submitted ?   + Ahlers visits within 2% of deliverable reporting form visits? * Has sufficient progress been made on Deliverable 2?   + Reporting number of telehealth visits?   + Reporting number of assist with insurance enrollment?   + Completed one outreach event?   + Uploaded one outreach reporting form? * Submitting program income report properly? * Spending program income at similar rate as generating it (or faster if positive balance)? | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 | D1 0 = less than 40%  1 = 41 – 59%  2 = 60% or more  Properly means reporting PI disbursed, and only including PI in amount disbursed. |
| Program Narrative   * Does not exceed 8 pages. * Addresses changes to scope of program, personnel, partnerships. * Plan to address issues and/or continue to meet deliverables. * Brief description of broad range of clinical services provided. * Statement of adhering to all statutory and regulatory requirements/restrictions. * Statement assuring abortion is not performed, promoted, or supported as a method of family planning. * Discusses updates on health equity strategy implemented in RH24. | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
| **Attachments** | **0 = Not uploaded or blank**  **1 = Issues noted**  **2 = Fully correct** |  |
| Attachment 1 – 2025 Assurances   * Must be signed by agency head listed in GMIS | 0 1 2 |  |
| Attachment 2 2025 Fee Management   * Fee schedule and sliding fee scale (100% poverty level $14,580) attached in GMIS * Explanation of how fees and sliding fee scale were developed * Third party contracts listed * CPT code chart complete | 0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 3 2025 Itemized Budget   * Funding requested and program income = total budget * Budgeted amount column complete | 0 1 2  0 1 2 |  |
| Attachment 4 2025 Site and Service Information   * Service site(s) information completed (first tab) * Client visits projected is in appropriate funding band * Minimum of 16 provider/clinician hours per month * Services provided section complete (second tab) | 0 1 2  0 1 2  0 1 2  0 1 2 |  |
| Attachment 5 2025 Program Work Plan  For all deliverables, are the following completed?   * Activities – are they appropriate for the objective and specific? Complete? * Are all activities and deliverables included? * Person Responsible – is the responsible person appropriate? * Timeline- have they indicated *interim* timelines? * Evaluation **–** appropriate and *measurable* for activities listed? * Outreach Plan (Deliverable 2, Objective 2)– included or explained? Need specific activities and dates. | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 | Reviewer to pay special attention to requirements such as number of clinical provider hours required per month, clinical services offered, visit projections, etc. |
| Attachment 6 2025 CLAS Plan   * Activities – are they appropriate for the objective and specific? * Person Responsible – is the responsible person appropriate? * Begin/End Date- have they indicated timelines? * Evaluation **–**evaluation components for planned activities completed? * All 15 standards addressed? * Standard 15 health equity action plan created? | 0 1 2  0 1 2  0 1 2  0 1 2  0 1 2  0 1 2 |  |
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| **Total Score for Proposal ( \_\_\_\_ of 120)** |  |  |
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**Review Notes:**

**Strengths**

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**Weaknesses**

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**Approval**

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**Approval with Special Conditions**

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

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**Comments**

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| **Reviewer Signature:** | **Date:** |
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