

MEMORANDUM

Date: January 24, 2022

To: Housing Assistance to Improve Birth and Child Outcomes: Competitive Applicants

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

Subject: Notice of Availability of Funds
April 1, 2022– March 31, 2024

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), in partnership with the Governor's Office of Children's Initiative and the Ohio Department of Development, announces the availability of funds to support the "Housing Assistance to Improve Birth and Child Outcomes" program.

Qualified applicants for grant funds under this initiative may be a local, private, nonprofit, university, research institution, community-based, or government entity. Applicants should have specific experience and capacity to successfully complete the project within the requested timeframe as stated in this competitive solicitation. Additionally, subrecipient(s) should have experience in the following areas: health disparities, racial disparities, maternal health, housing assistance, rental assistance, outreach, marketing, evaluation, and additional social determinants of health.

All applications and attachments are due by 4:00 p.m. on Tuesday, February 22, 2022. Electronic applications received after Friday, February 22, 2022 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Thursday, February 3 from 10:00am to 11:00pm**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

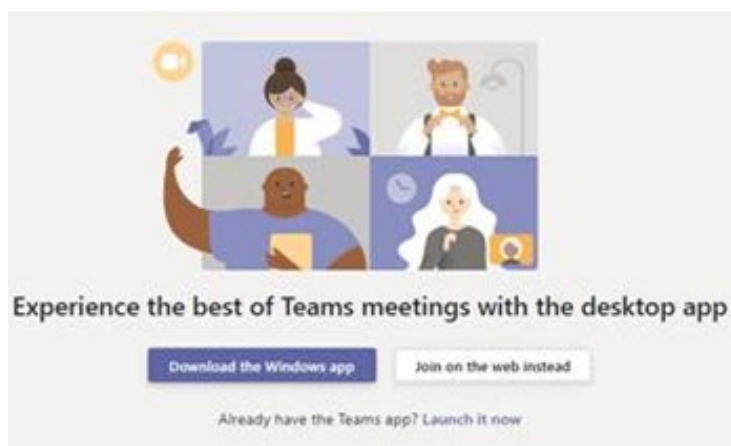
Microsoft Teams Meeting link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjIxYWI2NmEtODAwYi00NmEyLTljZGMtYWE1MTEwZGNkNWYx%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%2218462c8f-3509-4880-bcf2-00529afc36ba%22%7d

Call-in information:

(614) 644-721-2972, Phone Conference ID: 371310089#

*ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" below. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead" (screenshot below). There is also a call-in number below if you do not plan to use your device's audio. **Please note, this program works best in Google Chrome.***



ODH will attempt to be record the Bidder's Conference, but we cannot guarantee the availability of a recording at this time.

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Friday, February 8, 2022 to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Tuesday, February 8, 2022 to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding and the GMIS 2.0 Form. If you have questions regarding this application, please contact Sheronda Whitner at Sheronda.Whitner@odh.ohio.gov. It is ODH's policy to accept questions and inquiries from all potential applicants. All questions and inquiries shall be in writing; no verbal requests will be honored. Potential applicants may submit questions or inquiries by email to Sheronda.whitner@odh.ohio.gov. Please include "Housing Assistance to Improve Childbirth Outcomes" in the subject line.

All written questions or inquiries are due by 4:00 pm on February 7, 2022. ODH/DOD expects to respond to all questions and inquires by 4:00 pm on February 11. ODH reserves the right to decline to respond to any question or inquiry that will cause an undue burden or expense for ODH or which ODH deems unnecessary for purposes of responding to this Solicitation. ODH will provide all questions or inquiries with answers to all organizations completing the NOIAF.

Important Date Reminders:

- Notice of Intent to Apply for Funds (Appendix A)—Tuesday, February 8, 2022 by 4:00pm
- ODH GMIS 2.0 Form (Appendix B), *if applicable*—Tuesday, February 8, 2022 by 4:00pm
- Bidders' Conference— Thursday, February 3, 2022 at 10:00am
- Question and Answer Period— January 24, 2022 through February 7, 2022
- Applications Due—Tuesday, February 22, 2022 by 4:00pm

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF MATERNAL,
CHILD AND FAMILY HEALTH

Housing Assistance to Improve Birth and Child Outcomes

AB22

SOLICITATION FOR FISCAL YEAR 2022- (4/1/2022 -
3/31/2024)

Due Date: Tuesday, February 22, 2022

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 9/20/2021

For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Tuesday, February 8, 2022 by 4:00pm so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

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

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

Budget Justification Certification language

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

B. Application Name: *Housing Assistance to Improve Birth and Child Outcomes (AB22)*

C. Purpose: The purpose of this program is to assess the potential impact and determine the effectiveness of housing/rental assistance to reduce risk factors for infant mortality, increase housing stability of low-income households with children, while improving maternal and infant health outcomes. Funding for this initiative is provided to the Ohio Department of Health from the Ohio Department of Development/Development Services Agency.

The infant mortality rate is the death of an infant before their first birthday and is calculated as the number of infant deaths per 1,000 live births. Ohio's infant mortality across all races was 6.9 per 1,000 live births in 2019, the same as it was in 2018. The Black infant mortality rate was 14.3 in 2019, up from 13.9 in 2018. The Ohio and national goal is 6.0 or fewer infant deaths per 1,000 live births in every racial and ethnic group.

Activities to be funded include establishing a time-limited housing assistance program to expand housing opportunities and demonstrate the effectiveness of a time-limited rental subsidy targeted to households that include pregnant women and/or new mothers of infants within the first year of life. The program must include rental assistance, access to maternal and child health care services, social service supports and activities to foster long-term housing stability.

Preference will be given to proposals that include a partnership with Ohio Equity Institute lead entities located in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark and Summit Counties, but is not limited to those counties. Preference will also be given to proposals with:

- a program that comprehensively addresses the housing, social and medical needs of women and clearly explains partnerships with local agencies addressing the continuum of care, public housing authority(s) and includes women they intend to serve (with "lived experience") as part of the planning and implementation.
- a robust outreach and marketing plan targeted toward households earning no more than 30 percent of area median income (AMI) who are living in Ohio Health Improvement Zones. Information about the Improvement Zones can be found here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>. A detailed description of how individuals and families will be identified and selected for time-limited rental assistance must be included in the proposal.

Proposals may include multiple counties or sites. Proposals must include a housing partner with documented experience administering a rental assistance program.

Evaluation is a required component of this project. Applicants must include an experienced research partner with a demonstrated record of evaluating low-income housing, infant mortality, health care systems, maternal and child health or related topic area(s). The principal investigator must have significant input on the structure of the pilot housing assistance proposal. Successful proposals will include a detailed evaluation plan, outcomes, and a final report to be provided no later than April 30, 2024, 30 days after the conclusion of the project period. The final report should include data points such as participant race/ethnicity, birth and child outcomes (preterm, low-birth weight, etc.), description of actual housing assistance and supports and key partnerships.

D. Qualified Applicants: All applicants must be a local, private, nonprofit, university, research institution, community-based, or government entity.

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted the Notice of Intent to Apply by **Tuesday, February 8, 2022** and the application and all required attachments by **4:00 p.m. on Tuesday, February 22, 2022**.

E. Service Area: Proposals will be considered that address local, regional, or statewide housing assistance efforts intended to contribute to the reduction of infant mortality. Preference will be given to proposals serving one or more of the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark and Summit, but is not limited to those counties. All activities must take place within Ohio; proposals will not be considered if any rental assistance or health and social service activities are conducted outside of Ohio.

F. Number of Grants and Funds Available:

The Housing Assistance to Improve Birth and Child Outcomes Grant is funded by state general revenue through the implementation of the Biennial State Operating Budget- House Bill 110. (Up to 3 grants may be awarded for a total amount of \$ 2,250,000. Eligible agencies may apply for up to \$ 1,000,000 per applicant, unless the applicant will be serving multiple counties as part of their program. Preference will be given to proposals that provide matching funds totaling at least 40 percent of the total project cost. In-kind match will be considered on a case-by-case basis; however, a cash match will receive priority consideration. No extensions of this proposal will be considered as all activities are required to be completed on or before June 30, 2024.)

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

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. by Tuesday, February 22, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sheronda Whitner at Sheronda.Whitner@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Am. Sub. House Bill 110 (Operating Budget for SFY 2022 and 2023).

I. Goals: The overarching goal of this program is to assess the impact of how stabilized housing and support services, for pregnant and newly parenting women, reduce risk factors impacting infant mortality and improve birth and child health outcomes.

Applicants should describe the full range of outcomes that will be tracked as part of this project. Preference will be given to proposals that focus on core metrics and the contributing factors associated with infant mortality and addressing the disparities within the target communities. The following core metrics should be included: preterm birth, low birth weight, neonatal infant mortality and post-neonatal infant mortality.

J. Program Period and Budget Period: The program period will begin April 1, 2022 and end on March 31, 2024. The budget period for this application is April 1, 2022 through March 31, 2024.

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

L. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sheronda Whitner at Sheronda.Whitner@odh.ohio.gov for questions regarding this Solicitation.

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

N. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, February 22, 2022 at 4:00 p.m.**

GMIS applications and required application attachments received late will not be considered for review.

O. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

P. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

Q. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to 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 reflect the communities served through grant funds;
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,

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

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

S. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state: "This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health and funded as a sub-award of funds issued by the Ohio Department of Development through Am. Sub. House Bill 110 (Operating Budget for SFY 2022 and 2023).

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

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

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. Program reports must be submitted as a companion to the Expenditure Report, according to the calendar of Expenditure Report submissions, whether the subrecipient selected to submit monthly or quarterly Expenditure Reports. Program reports must provide a status report on the activities as outlined in the comprehensive Program Plan. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Program Report due dates for Quarterly Expenditure Reports:

Period	Report Due Date
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024

Program Report due dates for Monthly Expenditure Reports:

Period	Report Due Date
April 1 – April 30, 2022	May 10, 2022
May 1 – May 31, 2022	June 10, 2022
June 1 – June 30, 2022	July 10, 2022
July 1 – July 31, 2022	August 10, 2022
August 1 – August 31, 2022	September 10, 2022
September 1 – September 30, 2022	October 10, 2022
October 1 – October 31, 2022	November 10, 2022
November 1 – November 30, 2022	December 31, 2022
December 1 – December 31, 2022	January 10, 2023
January 1 – January 31, 2023	February 10, 2023
February 1 – February 28, 2023	March 10, 2023
March 1 – March 31, 2023	April 10, 2023
April 1 – April 30, 2023	May 10, 2023

May 1 – May 31, 2023	June 10, 2023
June 1 – June 30, 2023	July 10, 2023
July 1 – July 31, 2023	August 10, 2023
August 1 – August 31, 2023	September 10, 2023
September 1 – September 30, 2023	October 10, 2023
October 1 – October 31, 2023	November 10, 2023
November 1 – November 2023	December 10, 2023
December 1 – December 31, 2023	January 10, 2024
January 1 – January 31, 2024	February 10, 2024
February 1 – February 29, 2024	March 10, 2024
March 1 – March 31, 2024	April 10, 2024

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

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

Expenditure Report due dates for Quarterly Expenditure Reports:

Period	Report Due Date
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024

Expenditure Report due dates for Monthly Expenditure Reports:

Period	Report Due Date
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023

January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024

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

1. **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 May 5, 2024. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

2. **Inventory Report:** A list of all equipment purchased in whole or in part with current grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;

5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;

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.

W. Client Incentives and Client Enablers:

Client incentives are an *allowable* expense. The following client incentives are allowed: bus passes, food vouchers, diapers, etc.

Client Enablers are an *allowable* expense. The following client enablers are allowed: gift cards to groceries or baby supplies.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

General Guidance Provided by the Ohio Department of Health Grants Services Unit (GSU)

- Gift cards may not be in the form of prepaid credit cards
- List the type and number of all gift cards being purchased with the appropriate receipt showing the date purchased
- Gift cards purchased for the grant year must be distributed within that fiscal period. If there are any cards remaining at the end of the grant period, the value of the remaining cards will be refunded back to ODH
- The form must have the client's name printed legibly for ODH to accept

- Minors should not sign for gift cards; only the parent or legal guardian
- Recipients must sign a statement acknowledging and agreeing to the restrictions on the incentive such as unallowable uses which include but are not limited to purchases of alcohol, tobacco, illegal drugs or firearms and that gift cards may not be redeemed for cash

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

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

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

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

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

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

**Y. Submission of Application:
Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages
- Program Narrative should not exceed 25 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms, if applicable, must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s)).**
9. Statement of Support from the Local Health Districts (non-health department only)
10. Attachments as required by Program:
 - Organizational structure
 - 501(c)(3) designation letter
 - Audited financial information for the lead organization and contract administrator for the rental assistance
 - Resumes or CVs (limited to two pages per person) for Key Staff
 - Letters of commitment from all partners included in this application
 - Workplan for each grant year

One copy of the following document(s) must be submitted to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH. *All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

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

B. Budget: Prior to completion of the budget section, please review pages 10-11 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program but applicants with a 40% cash match will receive preference.

- **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period 04/01/2022 through 03/31/2024.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>

and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

Any personnel listed in the budget must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

- **Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

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

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

D. Project Narrative:

1. Executive Summary:

Executive summary must include:

- Description of target population(s)
 - Identify the target population
 - Using data to support and/or demonstrate the burden of health disparities and health inequities
 - Describe the public health problem(s) that the program will address
 - Services and programs to be offered and what agency or agencies will implement each identified scope of work
 - Implementation Housing Plan
 - Outreach and Marketing Plan
 - Evaluation Plan

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Include any previous experience the agency has in this type of program, including experience providing or facilitating housing.

- Describe the capacity of the organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences and is in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
 - National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services>
 - ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>
 - Describe your organization's work to eliminate health disparities in your programs and services. Describe any relevant organizational policies, plans, programs, publications or trainings as attachments to this application.
 - Describe your team composition and identify each proposed team member, experience, role/core responsibilities and organization. Include attach an organizational chart and resumes or CVs for the core project team.
3. **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population and explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.
4. **Methodology/Implementation Plan:**
 Provide a brief summary describing the proposed pilot time-limited rental assistance program.
- Housing/Rental assistance administration
 - Describe, in detail, how the rental assistance program will be administered, including, but not limited to, general policies and procedures, processing of monthly payments, processing and managing of contracts, response to health and safety issues and program oversight and monitoring.
 - Describe the service area covered by the rental assistance program.
 - Will the rental assistance be project-based or tenant-based?
 - Describe how rents will be calculated and the amount of subsidy per person.
 - How many units or persons will be covered by the proposed rental subsidy program?
 - How will units or projects be selected? Describe the minimum project standards.
 - Will the program provide access to smoke-free housing units?
 - Describe, in detail, the transition plan for tenants once the time-limited rental subsidy ends.
 - Health care and social service provision
 - Describe, in detail, how your organization will screen for, provide access to, or otherwise ensure, culturally and linguistically competent maternal and child health care services, other supportive services and housing stability services to clients. Applicants should include specific information about services that will be provided and the availability and frequency of the voluntary services. Applicants should identify the process for offering services to clients. Describe the partnerships with existing programs or initiatives such as care coordination, case management, home visiting, support for healthy birth spacing, parenting and education support programs, etc. Applicants should also include a detailed description of the tenancy support services that will be provided.

- Outreach and marketing
 - How would your organization conduct outreach to market the rental assistance program to your intended audience?
 - Describe how you will identify potentially eligible households at or below 30 percent of area median income and communities most at risk for infant mortality (e.g. African-Americans, hot spot zip codes, victims and survivors of intimate partner violence, homelessness, etc.)? What plans, if any, does your organization have for maintaining or continuing the program beyond the grant term?

5. Evaluation Plans and Research Methods

- Summary
 - Provide a brief summary of the methodology used to evaluate the proposed program. Include a brief discussion of the theoretical and/or conceptual framework, data sources, sampling methods and empirical analysis methodologies that will be used to answer the research questions. Be sure to include any citations from relevant peer-reviewed academic literature, demonstrating the efficacy of the protocol that will be used for this grant.
- Detailed research narrative
 - The detailed research narrative should include a discussion of proposed research questions, research design, methodology, and limitations. The methodology section must describe proposed data collection and sample selection, variable selection (provide a list of variables to be used) and analytic techniques. This should include a discussion about the sufficiency of the proposed sample size (including control and comparison groups) and any potential biases associated with the sample selection strategy. Applicants should consider any anticipated delays that may be associated with data collection and, if appropriate, discuss how these delays will be mitigated. The statistical model(s) to be used should be discussed in sufficient detail. Applicants should describe the full range of outcomes that will be tracked as part of this project. Preference will be given to proposals that focus on core metrics and the contributing factors associated with infant mortality. The following core metrics should be included: preterm birth, low birth weight, neonatal infant mortality and post-neonatal infant mortality. Additional information about contributing factors can be found in the State Health Improvement Plan and the Ohio Commission on Infant Mortality Committee Report, Recommendations, and Data Inventory. Lastly, applicants must discuss limitations of the proposed research design.
 - The narrative should include four sections as below:
 - Research questions and specific aims
 - Power analysis
 - Research design and methods
 - Human subjects

6. Partnerships

- Applicants must provide a description about the role of the following types of organizations in the proposed program:
 - Housing provider and/or rental assistance administrator
 - Ohio Equity Institute partner community organization(s)
 - Maternal and child health care partner(s)
 - Social service partner(s)
 - Evaluation and research partner(s)

7. Workplan

Complete a project workplan for key action steps with the anticipated start and completion dates for each. Workplans should serve to monitor and evaluate progress over time. Progress on workplan action steps should be documents each quarter and submitted with the program and expenditure reports. For a sample workplan, see Appendix D. A workplan will be required for each of the two funded years.

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. 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 or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

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

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments, outlined on page 14, must clearly identify the authorized program name and program number (AB22). All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS.

III. APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Request C1 Deliverable – NOT APPLICABLE
- D. Sample Workplan
- E. Application Scoring Form

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Bureau of Maternal and Child
Health

ODH Program Title:
Housing Assistance to Improve Birth and
Child Outcomes **AB22**

Submission Required

See due date below.

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

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system?

YES ☐ NO ☐

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. **THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Sheronda Whitner at Sheronda.whitner@odh.ohio.gov by Tuesday, February 8, 2022 at 4:00.**

NOTE: NOIAFs will be considered late if any of the required forms listed above are not received by the due date. NOIAFs considered late will not be accepted.

Appendix B

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

GMIS Training, User Access, Access Change or Deactivation Request

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

Date: _____

Check the type of access and complete the information requested: ☐ Employee — needs GMIS Training

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

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

Effective/Change Date: _____

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

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan and Email: karen.tinsley@odh.ohio.gov

Appendix C1

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario #:

☒ **Base Only**
☐ **Base and Deliverables**
☐ **Deliverables Only**

Deliverable — Objective 1: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 2: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 3: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 4: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 5: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Deliverable — Objective 6: (Enter name of deliverable)
(Provide description of deliverable and expectations)

Appendix D: Workplan Template

Subrecipient:
GMIS Project Number:

Goals (please list below the long-term goals [by March 31, 2024] that subrecipient is working to achieve through the OEI grant):

Objectives (please list below the objectives for the grant period that the subrecipient is working to achieve):

Housing Assistance Project Workplan

Section 1: Housing/Rental Assistance				
Key Action Steps	Timeline	Expected Outcome	Person/Partner Responsible	QuarterlyUpdates
Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.	An expected completion date (month and year) must be defined for each action step.	An expected outcome must be defined for each action step.	A responsible person/partner must be identified for each action steps.	Please update progress towards expected outcome every quarter.
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:

Section 2: Health Care and Social Service Provision				
Key Action Steps	Timeline	Expected Outcome	Person/Partner Responsible	QuarterlyUpdates
Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.	An expected completion date (month and year) must be defined for each action step.	An expected outcome must be defined for each action step.	A responsible person/partner must be identified for each action steps.	Please update progress towards expected outcome every quarter.

				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:

Section 3: Outreach and Marketing				
Key Action Steps	Timeline	Expected Outcome	Person/Partner Responsible	Quarterly Updates
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>A responsible person/partner must be identified for each action steps.</i>	<i>Please update progress towards expected outcome every quarter.</i>
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:

Section 4: Evaluation Plan-Research Methods				
Key Action Steps	Timeline	Expected Outcome	Person/Partner Responsible	Quarterly Updates
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>A responsible person/partner must be identified for each action steps.</i>	<i>Please update progress towards expected outcome every quarter.</i>

				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:

Section 5: Partnerships				
Key Action Steps	Timeline	Expected Outcome	Person/Partner Responsible	Quarterly Updates
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>A responsible person/partner must be identified for each action steps.</i>	<i>Please update progress towards expected outcome every quarter.</i>
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:
				Q1:
				Q2:
				Q3:
				Q4:

Application Scoring Form

Applicant Organization: _____

County(s): _____

Reviewer: _____

Amount Requested: _____

Section	Maximum Score	Comments
Application Submission <ul style="list-style-type: none"> Application for funding was submitted by the due date and was complete with all attachments. Formatting requirements met: <ul style="list-style-type: none"> Properly labeled 1.5 spacing with 1-inch margins Program and budget narrative are in Portrait orientation on 8.5 x 11 paper All pages numbered Program Narrative do not exceed 25 pages 12-point font 	5	
Budget and Budget Narrative <ul style="list-style-type: none"> Only allowable expenses were included in the budget and budget narrative (5). Justifications were provided for each proposed expense (10). Specific functions were described for personnel, consultants and collaborators (5). Expenditures are reasonable for carrying out the activities in the grant (10). 	30	
Description of Applicant Agency <ul style="list-style-type: none"> Agency and/or partners have experience providing housing assistance programming (20) Agency and/or partners have experience delivering maternal and child health programming (5). Agency and/or partners have experience working to eliminate health disparities. Agency and/or partners have ability to communicate effectively with multiple audiences (5). 	40	
Problem/Need Statement <ul style="list-style-type: none"> Local data were provided to describe the current issues being addressed in this program (5). The target population was clearly stated and aligns with Ohio Health Improvement Zones (5). The measurable indicators for the program were clearly stated (5). 	15	

Methodology <ul style="list-style-type: none"> • The housing assistance program was clearly described and included the number of projected participants and how assistance would be calculated (25). • A plan for identifying housing units will be identified and secured (10). • A transition plan for participants once the housing assistance is no longer available (10). • Additional supports, such as care coordination and home visiting) for participants will be available and were described, including any partners (15). • An outreach plan was provided and included specific populations to be recruited (10). 	70	
Evaluation <ul style="list-style-type: none"> • A detailed evaluation summary was included, along with citations that were utilized (10) • A research narrative included the following (20): <ul style="list-style-type: none"> ○ Research questions and specific aims ○ Power analysis ○ Research design and methods ○ Human subjects 	30	
Partnerships <ul style="list-style-type: none"> • The applicant is or has included the following partners: <ul style="list-style-type: none"> ○ Housing provider ○ Ohio Equity Institute (if applicable) ○ Maternal and child health ○ Social service ○ Research and evaluation 	25	
Workplan <ul style="list-style-type: none"> • A workplan was submitted for each of the program years. • The workplan is detailed in order to track progress and realistic in order to accomplish the tasks. 	15	
Maximum Points	230	