



## MEMORANDUM

Date: 5/16/2025  
To: Subrecipient agencies

From:  
Jennifer Voit, Bureau Chief  
Violence and Injury Prevention Section  
Bureau of Health Improvement and Wellness  
Ohio Department of Health Ohio Department of Health

Subject: Overdose Prevention Health Navigators of Southeast Ohio: 9/1/2025 – 8/31/2026

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., Monday, July 7, 2025**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System Portal (GMISP). For new staff requiring GMISP access, you must successfully complete GMISP training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. Grant awards can end early if funding because unavailable due to no fault of ODH. The First-tier subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the application constitutes acknowledgment and acceptance of ODH Policies and Procedures, federal, state, and local laws and ordinances, and ODH policy and procedure updates posted on the GMISPP Bulletin Board, and any other program-specific requirements including the Office of Management and Budget (OMB) Uniform Grant Guidance (UGG) 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 <https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations> Or <https://grants.ohio.gov/funding-opportunities>

If you have questions, please contact Emily Ganz (614) 752-7447 or e-mail at [Emily.Ganz@odh.ohio.gov](mailto:Emily.Ganz@odh.ohio.gov)

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

OFFICE OF Medical Director  
Bureau of Health Improvement  
and Wellness

## Overdose Prevention Health Navigators of Southeast Ohio SOLICITATION FOR FISCAL YEAR 2026 (09/01/25 – 08/31/26)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/29/2023  
For grant starts 4/1/2024 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

The Funding Application consists of multiple parts: Program Narrative or Updates (if applicable for continuation funding), Program Budget and Budget Narrative, and Other Required Attachments.

An application for an Ohio Department of Health (ODH) grant consists of several required components including utilizing the Grants Management Information System Portal (GMISP) <https://odh.ohio.gov/about-us/funding-opportunities/resources/ofa-GMISP>. 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, the application will not be considered for review. In addition to the information maintained in GMISP, it is also maintained at the following website: <http://supplier.ohio.gov/>.

Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [Insert Date] of the total performance project period, [Insert Date] Reference the competitive Solicitation for more information. Please note as of October 1, 2024, compliance with Uniform Grant Guidelines Guidance (UGG) is required. <https://www.grants.gov/learn-grants/grant-policies/omb-uniform-guidance-2014.html>.

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

This is a competitive solicitation. **An interest call for interested applicants will be held on Tuesday, June 24, 2025, from 1 p.m. – 2 p.m.** Meeting information can be found below.

**Microsoft Teams** [Need help?](#)

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Meeting ID: 244 642 322 595

Passcode: YR2bC65t

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First-tier subrecipient personnel paid using the funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

**A. GMISP.**

Updates to policies and procedures can be found on the GMISP bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMISP. Please refer to the Budget Justification templates listed on the GMISP bulletin board.

All budget justifications must be signed by the agency head listed in GMISP . Please refer to the budget justification examples listed on the GMISP bulletin board.

The first-tier 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).

First-tier subrecipient's budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.

The first-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.

The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.

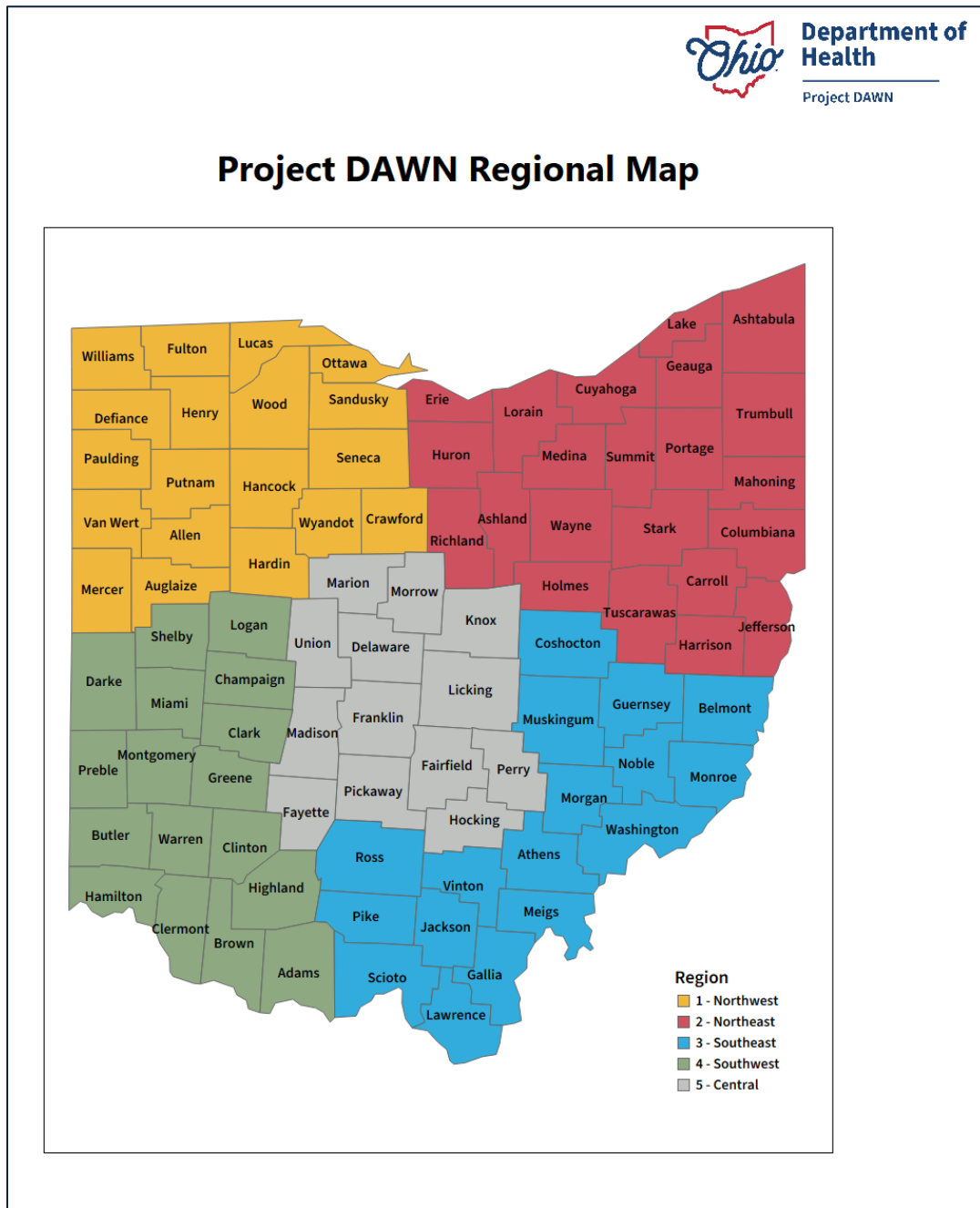
The first-tier subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

**B. Application Name: Overdose Prevention Health Navigators of Southeast Ohio.**

*Purpose: The Ohio Department of Health continues to aim to address unintentional drug overdose as a major health problem within the state. In 2023, there were 4,452 unintentional drug overdose deaths. While there was a 9% decrease in the number of deaths from 2023 to 2022, unintentional drug overdoses still remain a priority to address in Ohio. In 2023, illicit fentanyl continued to be the driving force behind Ohio overdose deaths, contributing to 78% of unintentional drug overdoses. Among the overdose deaths by Race and Ethnicity, the Black non-Hispanic population continued to have the highest rate of unintentional drug overdose deaths. More specifically, Black non-Hispanic males continued to have the highest rate of unintentional drug overdose deaths compared with other sex and race/ethnicity groups. At 100.3 deaths per 100,000 population, the overdose death rate for Black non-Hispanic males was nearly twice that of White non-Hispanic males. To prevent further morbidity and mortality related to substance use disorders, a multi-factored approach is required. Critical strategies include increasing access and linkages to evidence-based treatment and services; and implementing harm reduction strategies to reduce the risk of overdose and other associated dangers. The purpose of this funding is to establish a regional drug overdose prevention collaborative to support and sustain overdose prevention efforts across the state of Ohio. The Southeast region will be tasked with collaborating with partner agencies and/or organizations (if applicable) and the state to ensure the alignment of strategies and fill gaps in services for people with substance use disorders. The goal of addressing the Southeast region of the state is to support local communities in building the foundation for long term, effective drug overdose prevention interventions guided by data-identified needs within their community. First-Tier Subrecipients will support the local implementation of navigator-based linkages to care for clinical, harm reduction, community-based linkages to care, and public safety settings; bolster harm reduction efforts, specifically among rural and minority populations; and collaborate with the state to assess needs and gaps in service across the prevention continuum for PWUD and those with SUD. Additionally, this program is intended to integrate the use of data to inform implementation strategies and build in sustainability planning from the outset of the project.*

*ODH will fund up to five agencies and/or organizations within the designated region to deploy health navigator(s). Health navigators may also be referred to as but are not limited to peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, and other individuals who link PWUD to care and harm reduction resources. These are individuals familiar with the local public health landscape and who work directly with individuals with OUD and/or StUD to ensure they have the tools to address barriers to seeking care and who support people accessing treatment and their retention (and reengagement if necessary) in substance use disorder (SUD) treatment and care, as well as support access to other services, such as harm reduction and social supports. Refer to **Appendix***

J, Health Navigator Position Titles, for further guidance.



The designated region will align with the Project DAWN program, as seen below:

This program encompasses the key strategies for prevention components 6-9 of the Overdose Data to Action In States grant and has a strong emphasis on the following sectors: health care system and clinician supports (those not covered through ODH EDCC program); harm reduction programs, community-based organizations and public safety settings.

- C. Qualified Applicants:** All applicants must be a local public or non-profit agency, please see Appendix D for additional eligibility and priority areas. Counties directly funded under the Centers for Disease Control and Prevention (CDC) Overdose Data to Action CDC-RFA-CE23-2003 are not eligible for these funds. If an NOA from CDC

*is directly issued to an Ohio county, any ODH NOA previously issued will be considered null and void. Applicant agencies must attend or document in writing prior attendance at GMISP training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMISP training prior to the establishment of access to the application, then a GMISP training form must be submitted (Appendix B).*

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

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 business days of the invoice date.
2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
3. First-tier Subrecipients under any Federal award/contract/cooperative agreement must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
4. All applicants must have a Whistleblower Protection Policy as required by 200.217 Whistleblower Protections
5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.
6. Applicant has submitted an application and all required attachments by 4:00 p.m. on Monday, (Due Date of application )

- D. Service Area:** *ODH will fund up to four local agencies and/or organizations in the Southeast region (refer to **Appendix I** for the regional map) to deploy health navigator(s) to serve in the region and collaborate with the state to carry out programmatic efforts.*
- E. Number of Grants and Funds Available:** *This program is funded through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action in States (OD2A-S) funding, CDC-RE-CE23-2003. At least 1 agency/organization will be funded with up to \$200,000 available or up to 5 agencies/organizations may be awarded for a total of \$350,000.00. Funding levels range from \$70,000 - \$200,000. A single eligible agency may not apply for more than \$200,000. Additional information on available funding levels can be found in **Appendix K**. ODH reserves the right to modify the amount of funding based on funding available.*
- F. No grant award will be issued for less than \$70,000.** *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 GMISP by **4:00 p.m. by Monday, July 7, 2025**. Applications and required attachments received after this deadline will not be considered for review.

Contact Emily Ganz at [Emily.Ganz@odh.ohio.gov](mailto:Emily.Ganz@odh.ohio.gov) with any questions.



- H. Authorization:** Authorization of funds for this purpose is contained in The Catalog of Federal Domestic Assistance (CFDA) Number 93.136.
- I. Goals:** By August 31, 2028, this program will reduce morbidity and mortality related to substance use disorders by supporting linkages to care that will support and sustain overdose prevention efforts for the Southeast region of Ohio.
- J. Program Period and Budget Period:** The program period will begin 09/01/2025 and end on 09/01/2028. The budget period for this application is 09/01/2025 through 8/31/2026.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness)]. The PHAB standards are available at the following website: <https://phaboard.org/accreditation-recognition/version-2022/>
- L. Public Health Impact Statement:** All first-tier subrecipients that are not local health districts must communicate, if applicable to the funding, with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
- M. Public Health Impact Statement Summary —** First-tier subrecipient agencies are required to submit a summary of the proposal to local health districts if applicable prior to submitting the grant application to ODH. Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained or not warranted, note this when submitting the program summary with the grant application. If a first-tier subrecipient agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available. The program summary, not to exceed one page, must include:
- N. Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities.** Please select from the following :
- O. Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health .**
- P. Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.**
- Q. Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.**
- R. Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.**
- S. Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.**
- T. Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.**

The applicant must submit the above summary as part of the grant application to ODH. This will document that a

written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

1. *Public Health Impact Statement of Support* —Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, note this when submitting the program summary with the grant application. If an applicant has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
2. *Evidence of Health Disparity Strategies*

ODH is committed to the elimination of health disparities for all Ohioans. The items below are requirements for all first-tier subrecipients to ensure optimal health for all Ohioans is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.) As part of the application, First-tier sub-recipients are required to:

Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment Ohio's health data)

<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>

Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions associated with health disparities.

Identify measurable health disparity targets that demonstrate reducing disparities and improving health outcomes are critical goals to be achieved through program activities. This information must also be supported by data.

Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities.

Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.

Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

The following are best practices aimed at eliminating disparities and achieving healthy living. They are not required but highly encouraged to use.

Link proposed activities to reduce health disparities identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the State Health Improvement Plan (SHIP) and local Community Health Assessments.

Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.

Identify up- and downstream approaches to address health determinants and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing health determinants decrease barriers and improve supports that provide opportunities for people to achieve their full health potential. Downstream approaches focus on

providing access to care and services to reduce the negative impact of social determinants on health outcomes. Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Disparity:

The following information is provided to explain key health disparity concepts and terms.

Social and economic disparities within Ohio communities and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from forms of discrimination. These are referred to as social determinants of health (SDOH). SDOH are a root cause of health disparities. The ability of everyone to have the same opportunity to achieve the best possible health is important to eradicate disparate outcomes. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health opportunities.

The ODH is committed to the elimination of health disparities and promoting optimal health for all Ohioans. The items below are requirements for all applicants' strategies to reduce health disparities are embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities.

Identify measurable health disparities targets that demonstrate reducing disparities and improving the health of target populations are critical goals to be achieved through program activities. This information must also be supported by data.

**U. Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to, male or female, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.**

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

**W. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:**

**X. Populations at increased risk**

**Y. Mental health population**

**Z. Homeless population**

**AA. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.**

☒ **X** Applicable ☐ Not Applicable to Overdose Prevention Health Navigators of Southeast Ohio

- N. 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 or cancellation.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Emily Ganz at [Emily.Ganz@odh.ohio.gov](mailto:Emily.Ganz@odh.ohio.gov).
- P. Acknowledgment:** An application submitted status will appear in GMISP that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMISP automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMISP by **Monday, July 7, 2025 at 4:00 p.m.**
- R. First-tier subrecipients:** Successful first-tier subrecipients will receive official notification in the form of a Notice of Award (NOA) via email and sent to the primary user in GMISP. The NOA must be accepted in GMISP.
- S. Unsuccessful First-tier subrecipients:** Within 30 business days after a decision to not fund a grant application, a notification shall be sent to the primary user via GMISP to the unsuccessful first-tier subrecipient.
- T. Review Criteria:**
- Review Criteria: All proposals will be graded on the quality, clarity, and completeness of the application. Applications may be graded according to the extent to which the proposal illustrates the following:
  - Workplan and/or logic model demonstrate how activities reduce health disparities.
  - Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
  - Can attain program objectives.
  - Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources.
  - Budget and budget narrative are aligned with the program activities.
  - Program personnel are well qualified by training and/or experience for their roles in the program, and the first-tier subrecipient organization has adequate facilities and personnel to reflect the communities served through grant funds.
  - Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
  - Respond to the special conditions and program priorities specified in the Solicitation.

- j. Have acceptable past performance related to programmatic and financial stewardship of grant funds.
- k. Explicitly identify specific groups in the service area who experience a disproportionate burden of diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.

ODH will make the final determination and selection of successful/unsuccessful first-tier subrecipients and reserves the right to reject any or all applications for any given solicitations. All decisions are final and not appealable.

- U. **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.
- V. **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 Health Improvement and Wellness, Violence and Injury Prevention Section and as a sub-award of a grant issued the Centers for Disease Control and Prevention under the Overdose Data to Action grant, grant award number NU17CE010223-02-00."*

- W. **Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases 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. **First-tier subrecipient program reports must be completed and submitted via GMISP 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.**

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
September 1, 2025 – November 30, 2025	December 5, 2025
December 1, 2025 – February 28, 2026	March 5, 2026

March 1, 2026 – May 31, 2026	June 5, 2026
June 1, 2026 – August 31, 2026	September 5, 2026

*Submission of First-tier subrecipient program reports via GMISP indicates acceptance of the OGAPP.*

- b. First-tier subrecipient Reimbursement Expenditure Reports: First-tier subrecipient monthly expenditure reports must be completed and submitted via GMISP by the following dates:**

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

First-tier Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMISP** by the following dates: **(please see example below)**.

Period	Report Due Date
September 1, 2025 – November 30, 2025	December 5, 2025
December 1, 2025 – February 28, 2026	March 5, 2026
March 1, 2026 – May 31, 2026	June 5, 2026
June 1, 2026 – August 31, 2026	September 5, 2026

**c. Final Expenditure Reports:**

- d.** A First-tier subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted via GMISP by 4:00 p.m. (Fill in the blank). The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

- X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMISP. The 30 business days 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 to GMISP.

**Y. 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 (unless allowable by the grant).
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/TravelRule/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.

Additional unallowable costs, based on CDC OD2A guidelines, are outlined below.

**Public Safety Partnerships / Interventions Unallowable Costs:**

1. Public safety activities that do not include overlap/collaboration with public health partners and objectives.
2. Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or HPMS machines for the purpose of reducing possible law enforcement exposure to fentanyl.

**Harm Reduction Unallowable Costs:**

1. Purchase of naloxone.
2. Establishing new SSPs.
3. Infrastructure costs for SSPs that are not associated with the co-location of treatment (e.g., rent, utilities, etc.).
4. Drug disposal, including the implementation or expansion of drug disposal programs, including drug take-back programs, drug drop boxes, and drug disposal bags.
5. Provision of equipment solely intended for illegal drug use such as cookers/spoons, syringes, and pipes.
6. Procurement of other equipment solely intended for preparing drugs for illegal drug injection.



7. Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education.) Developing educational outreach and guidance or materials about supervised/safe injection sites.
8. Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs.

**Community-Based Linkage to Care Unallowable Costs:**

1. Housing assistance.
2. Food assistance.
3. HIV/HCV and other STD/STI testing.
4. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention.
5. Safer sex kits (condoms and lubricant).
6. Childcare and childcare-related purchases (e.g., pack-n-play).
7. Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities).
8. Prevention of adverse childhood experiences (ACEs) as a standalone activity.

First-Tier Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to First-Tier Subrecipients for purposes later discovered to be prohibited.

**AA. Audit:** First-Tier 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.

First-Tier Subrecipients that spend \$1,000,000 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 business 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.

First-Tier Subrecipients that expend less than the \$1,000,000 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 business days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year.

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH Grants Services Unit, (GSU) within 30 business days.

**First-tier Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.



**AB. Application Submission: Formatting Requirements: [Suggested language provided, but can be updated to reflect program-specific 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 (print on one side only).
- Program narrative should not exceed 15 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMISP application submission must consist of the following:

**Complete &  
submit  
online.**

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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov).
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program [(list each one or “NONE”)]

## II. APPLICATION REQUIREMENTS AND FORMAT

*Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [Insert Date] of the total performance project period, [Insert Date] Reference the competitive Solicitation for more information. Please note as of October 1, 2024, compliance with Uniform Grant Guidelines Guidance (UGG) is required . <https://www.grants.gov/learn-grants/grant-policies/omb-uniform->*

*guidance-2014.html* . **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 ODH.

**Budget:** Prior to completion of the budget section, please review **page 13** of the Solicitation for unallowable costs.

A cost-sharing match is not required by this program. Do not include cost-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.

1. **Primary Reason and Justification Pages:** For deliverable subgrants provide a budget justification outlining each deliverable expense. Please refer to Appendix H for further guidance.

**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 [(Date) to (Date)]. Funds may be used to support personnel, 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. Participant engagement and project evaluation costs can also be included as direct costs.

**All subrecipient personnel paid using any portion of this subgrant 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 GMISP for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached in GMISP. 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.

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

2. **Compliance Section:** Answer each question on this form in GMISP as accurately as possible. *Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.*
- B. Assurances Certification:** Each subrecipient must submit the assurances (Federal and State Assurances for First-Tier Subrecipients) form within GMISP. This form is submitted as a part of each application via GMISP. 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 submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.
- C. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMISP. First-Tier Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application online.

**D. Participant Engagement:** Community engagement activities can lead to more effective and equitable grantmaking; improved trust, transparency, accountability; and meaningful incorporation of the knowledge, needs, and lived experiences of the affected individuals and communities into program design, implementation, and evaluation. The Uniform Grant Guidance 2 CFR 200.202 allows recipients to charge participant support as a direct cost the subaward. Participant is defined as: An individual participating in or attending program activities under a federal award, such as training or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a federal award (such as consultants, project personnel, or staff members of a recipient or subrecipient) are not participants. Examples of participants may include community members participating in a community outreach program, members of the public whose perspectives or input are sought as part of a program, students, or conference attendees. Participant Support is defined as: Costs means direct costs that support participants (see definition for Participant in § 200.1) and their involvement in a federal award, such as stipends or, subsistence allowances, travel allowances, registration fees, temporary dependent care, and per diem paid directly to or on behalf of participants. Under the revised Uniform Guidance (2 CFR §§ 200.407 and 200.456), federal grant recipients no longer need prior approval to charge participant support costs as direct costs to Federal funds.

**E. Federal Funding Accountability and Transparency Act (FFATA):**

**F.** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISP. Applicants must ensure that the information contained in SAM.gov and its reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov).

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

**G. Attachment(s):** Attachments are documents which are not part of the standard GMISP application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted in GMISP 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 GMISP bulletin board for instructions on how to submit attachments in GMISP. Attachments must be uploaded in GMISP by **4:00 p.m. on or before Monday, July 7, 2025.**

### III APPENDICES

- A. GMISP Training, User Access, Access Change or Deactivation
- B. C Deliverable – Objective Descriptions (if applicable)
- C. Application Review Form
- D. Program Guidance
- E. Application Instructions
- F. Workplan Instructions and Template
- G. Budget Justification Template
- H. Regional Map
- I. Health Navigator Position Titles
- J. Health Navigator Settings and Organizations
- K. Health Navigator Allocations
- L. Education and Awareness Metrics

M. List of Metrics and Disaggregates

N. Health Navigator Encounter Check List



## Appendix A

### GMISP 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 the 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 – “GMISP Training Resource” Section.*

Date: \_\_\_\_\_

Check the type of access and complete the information requested:

☐ Employee —needs GMISPTTraining

☐ New Employee —needs GMISP Access. Effective Date of Activation: \_\_\_\_\_

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

Effective/Change Date: \_\_\_\_\_

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

Or Effective Date of Deactivation (GMISP 2.0 access only): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee JobTitle:

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

GMISP 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 Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: [Maria.Kapenda@odh.ohio.gov](mailto:Maria.Kapenda@odh.ohio.gov)

## Appendix B

**Name of Subgrant Program: Budget**

**Period: 09/01/2025 - 8/31/2026**

**# of Deliverables: 5**

**Use Budget Justification Scenario #: 3**

### **X Deliverable Funding Only**

#### **Deliverable – Objective 1: Health Navigator(s) Employment.**

First-Tier Subrecipients will employ a minimum of one health navigator or up to the maximum of three health navigators.

**Objective 1.** By February 28, 2026, First-Tier Subrecipients will employ health navigators to be deployed in harm reduction, clinical, community-based organizations, or public safety settings.

*Required benchmarks:*

- Position description of health navigator expectations and responsibilities due November 30, 2025.
- Letter of employment of health navigator (s) due February 28, 2026.
- Formal contracts with partner agencies or organizations for the placement of health navigator(s) due February 28, 2026.

#### **Deliverable – Objective 2: Health Navigator Standard Operating Guide (SOG) and Agency Cross-Training.**

First-Tier Subrecipients must develop and maintain an up-to-date SOG for succession planning in the event of turnover.

**Objective 2A.** Subrecipient will cross-train all necessary staff on solicitation initiatives as well as develop and maintain the agency's SOG.

*Requirement benchmarks:*

- Development of agency SOG due November 30, 2025.
- Highlighted changes to the SOG and cross-training documentation due February 28, 2026, May 31, 2026 and August 31, 2026.

**Objective 2B.** By May 31, 2026, health navigator(s) will complete a Motivational Interviewing training course.

*Required benchmarks:*

- Motivational Interviewing certificate or proof of completion due May 31, 2026.
- Summary of how Motivational Interviewing can be applied to current role due May 31, 2026.

#### **Deliverable – Objective 3: State Initiative Participation.**

First-Tier Subrecipients & health navigator(s) will participate in all meetings with ODH to coordinate statewide initiatives, discuss implementation, outcomes, and lessons learned.

**Objective 3.** By August 31, 2026, First-Tier Subrecipients and health navigator(s) demonstrate their attendance and participation in all meetings with ODH.

*Required benchmarks:*

- Meeting evidence due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

#### **Deliverable – Objective 4: Quantitative and Qualitative Performance Measure Data.**

First-Tier Subrecipients will establish data collection methods to facilitate the collection and reporting of quantitative and qualitative health navigator performance measure data and disaggregates identified by ODH.

**Objective 4:** By August 31, 2026, First-Tier Subrecipients will establish data collection methods, monitor activities

and services provided by implemented health navigators, and report on performance measure data, disaggregates, and contextual information identified by ODH.

*Required benchmarks:*

- Performance Measure Reporting Tool due quarterly following the implementation of health navigator(s): May 31, 2026, and August 31, 2026.

**Deliverable – Objective 5: Implement Education and Awareness Campaign.**

First-Tier Subrecipients will work with identified key leaders and partners to educate underserved communities within their region around overdose prevention and harm reduction education through the dissemination of the OH Against OD campaign.

**Objective 5.** By August 31, 2026, First-Tier Subrecipients must provide evidence of education and awareness campaign implementation that is inclusive of emerging and priority audiences.

*Required benchmarks:*

- By the end of quarter one, November 30, 2025, First-Tier Subrecipients will submit a dissemination plan that identifies how they intend to educate the priority population.
- By the end of quarter two, February 28, 2026, First-Tier Subrecipients will implement their dissemination plan and submit a summary report.
- Education and Awareness Campaign implementation evidence February 28, 2026, May 31, 2026, and August 31, 2026.

## Appendix C

### Application Review Form

Applicant Information	
Agency Name:	Total Funding Requested:

Application Components		
Program Narrative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workplan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Budget Justification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Letter(s) of Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Section	Maximum Points	Score
Executive Summary	30	
Description of Applicant	40	
Problem/Need	20	
Scope of Work	Y/N	
Methodology	40	
Workplan	25	
Budget Justification	Y/N	
DOP Internal Review	30	
<b>TOTAL</b>	<b>185</b>	

Scoring Scale		
0	Not Provided	The applicant did not address or include the criteria.
1	Very Poor	The applicant does not explicitly address the criteria. The applicant states the question but does not elaborate on the response. The applicant skips or ignores the question or includes irrelevant information that does not answer the question.
2	Poor	The applicant provides minimal details and insufficient descriptions that do not completely answer the criterion. Limited information is presented, or the applicant merely repeats information included in the RFP. The applicant may answer part of the criterion but miss a key point or there are major gaps in the information presented
3	Acceptable	The applicant provides a basic response to the criterion but does not include enough detail or pertinent examples. Key descriptions, details, and examples are limited.
4	Good	The applicant provides significant descriptions and relevant details in addressing the criteria, but the response is not fully comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to specify what makes the response better than acceptable but not up to the standards of outstanding.
5	Excellent	The applicant explicitly addresses the criterion by providing comprehensive descriptions, thorough details, and examples. Relevant examples and data are included to support the information presented. The applicant demonstrates a strong understanding of the topic, and the level of detail reinforces each response clearly and how the project will be implemented.

**Applicant must score at least 129.5 points (70%) to be considered for funding.**



<b>Funding Recommendation:</b> <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended*
<b>Strengths:</b>
<b>Weaknesses:</b>
<b>Special Conditions:</b>

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

<u>Reviewer Signature</u>	<u>Date</u>

Executive Summary	Score						Notes
Applicant <u>identifies</u> lead agency / organization, key personnel, and <u>describes</u> program.	0	1	2	3	4	5	
Applicant <u>describes</u> the public health problem(s) (problem/need) that the program will address through required objectives.	0	1	2	3	4	5	
Applicant <u>describes and identifies</u> the burden of health disparities faced by the region.	0	1	2	3	4	5	
Applicant <u>identifies</u> services currently offered by the agency and/or organization.	0	1	2	3	4	5	
Applicant <u>identifies</u> existing resources, partnerships, barriers, and facilitators that may impact the project.	0	1	2	3	4	5	
Applicant <u>identifies</u> total funds requested and <u>summarizes</u> how the funds will be used. *One (1) Health Navigator = \$70,000.00 *One (1) Health Navigator may be full time in one setting or split their time in two settings maximum.	0	1	2	3	4	5	
Total Score =							

Description of Applicant/ Eligibility/Personnel	Score						Notes
Applicant <u>describes</u> the agency/organization's eligibility to apply; <u>summarizes</u> structure as it relates to the program and, as the lead agency/organization, how the grant will be managed.	0	1	2	3	4	5	
Applicant <u>describes</u> identified partner's eligibility to apply; <u>summarizes</u> their structure as it relates to the program and, as the lead agency/organization, how the grant will be managed. *Select N/A if agency is not utilizing a partnership.	Yes		No		N/A		
Applicant <u>demonstrates</u> that agency personnel are equipped to administer grant program.	0	1	2	3	4	5	
Applicant <u>describes</u> agency/organization experience with Violence and Injury Prevention and/or drug overdose prevention.	0	1	2	3	4	5	
Applicant <u>describes</u> existing Violence and Injury Prevention and/or drug overdose prevention services offered.	0	1	2	3	4	5	
Applicant <u>describes</u> additional funding sources and scope of work and how efforts will not be duplicative.	0	1	2	3	4	5	
Applicant <u>identifies</u> all employees working directly on program activities and initiatives as well as qualifications and training.	0	1	2	3	4	5	
Applicant <u>identifies</u> that the agency and/or organization has health navigators employed and ready to implement scope of work.	Yes		No				
Applicant identifies that the identified partner agency and/or organization has health navigators employed and ready to implement	Yes		No				

scope of work.						
If yes to either statement above: Applicant identifies that health navigators are able to demonstrate the minimum of one year experience in overdose prevention and/or injury prevention.	Yes	No	N/A			
Applicant describes capacity to effectively convey information in accordance with CLAS and ADA standards for effective communication in a manner and method that is easily understood by the audience.	0	1	2	3	4	5
Total Score =						

Problem/Need	Score						Comments
Applicant provides a more in-depth, data-driven analysis of the public health problem(s) addressed in the Executive Summary.	0	1	2	3	4	5	
Applicant describes the local health status concern(s) that will be addressed by the project utilizing state and local data sources.	0	1	2	3	4	5	
Applicant describes how the agency/organization will engage populations of focus to inform programmatic development.	0	1	2	3	4	5	
Applicant describes anticipated barriers in implementing drug overdose prevention activities and strategies for overcoming these issues.	0	1	2	3	4	5	
Total Score =							

Scope of Work	Score		Notes
Applicant identifies the minimum of one health navigator to be deployed.	Yes	No	
Applicant identifies the amount of health navigators to be deployed. *Minimum = 1 health navigator *Maximum = 5 health navigators	Yes	No	
Applicant identifies the minimum of one required setting. *(required settings: harm reduction, community-based linkages, health systems/clinical, public safety.)	Yes	No	
Applicant identifies that if a health navigator will split time between settings, it is up to the maximum of two required settings.	Yes	No	

Methodology	Score						Notes
Applicant identifies goals in SMART format.	Yes			No			
Applicant provides a thorough explanation of each goal of how they intended to achieve it.	0	1	2	3	4	5	
Applicant explains how goals relate to the overall importance of the program.	0	1	2	3	4	5	
Applicant describes proposed setting(s) and/or location(s).	0	1	2	3	4	5	

Applicant <u>explains</u> how activities will address identified health inequities.	0	1	2	3	4	5	
Applicant <u>identifies and describes</u> evaluation measures that will be used to determine the overall success of the program.	0	1	2	3	4	5	
Applicant goals <u>contain</u> realistic deadlines and benchmarks that are not grant due dates.	0	1	2	3	4	5	
Applicant <u>describes</u> how the identified resources, partnerships, barriers, and facilitators may impact the project. <i>*If utilizing a partnership, roles of the partnership agency and/or organization must be explained.</i>	0	1	2	3	4	5	
Applicant <u>identifies and describes</u> a sustainability plan.	0	1	2	3	4	5	
<b>Total Score =</b>							

Project Workplan	Score						Notes
Applicant <u>identifies</u> goals in the same SMART format as described in the Methodology section.	0	1	2	3	4	5	
Applicant <u>defines and describes</u> key objectives, activities, and steps; relative to proposed goals.	0	1	2	3	4	5	
Applicant provides adequate insight into how goals will be met.	0	1	2	3	4	5	
Applicant <u>defines</u> measurable metrics.	0	1	2	3	4	5	
Applicant <u>defines</u> reasonable and specific timelines that are not grant due dates.	0	1	2	3	4	5	
<b>Total Score =</b>							

Budget Justification	Score		Notes
Applicant <u>aligns budget</u> with objectives described in Narrative with correct unit of cost assigned to each objective.	Yes	No	
Applicant <u>total funds requested does not exceed</u> the maximum allowable award per health navigator.	Yes	No	
<b>Total Score =</b>			

<< FOR ODH DRUG OVERDOSE PREVENTION STAFF ONLY>> INTERNAL DOP TEAM REVIEW			
Budget Justification	Score		Notes
Budget in GMISP matches budget justification provided.	Yes	No	
Based on a comprehensive review of all sections of the completed application, the applicant demonstrates the capacity and expertise to implement the proposed health navigator placements.	5	10	15
Identified that the agency and/or organization has experience in deploying and overseeing health navigators.	5	10	15
<b>Total Score =</b>			

## Appendix D

### Year One Program Guidance

#### Overview

Year one of the Overdose Prevention Health Navigators of Southeast Ohio is supported by CDC OD2A-S funding. This application is for the program period 09/01/2025 - 08/31/2026. The budget justification must cover the budget period of 09/01/2025 - 08/31/2026.

#### **Health Navigator(s) Employment, Settings, and Initiatives**

##### Health Navigator(s) Employment

Agencies/organizations who apply have the flexibility to propose placement of a minimum of one health navigator or up to a maximum of three health navigators. Refer to **Appendix L: Health Navigator Allocations** for a detailed illustration of the number of health navigators proposed for implementation and associated funding amounts.

Strong applicants will demonstrate a concrete understanding of the expectations of health navigator position(s) by developing a detailed position description as well as include the setting(s) they will be providing service(s) in, expectations, responsibilities, and data collection/cadence requirements by the end of the first quarter. The budget narrative should demonstrate sufficient allocation of salary funds to attract qualified applicants for the position. Upon deployment of health navigator(s) at the end of the second quarter, First-Tier Subrecipients will provide a letter of employment. Should applicants have health navigators employed ahead of the benchmark date of employment, communication with your ODH Program Consultant is imperative to ensure all data collection and reporting submission requirements are aligned.

##### Formal Contracts and Expenses

In order to implement health navigator initiatives and strategies within the Southeast region, contracts may be needed for partnerships and/or the deployment of health navigators. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMISP 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 GMISP. 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.

First-Tier Subrecipients will be expected to keep records of all financial documentation that could be reviewed during desk reviews, on-site visits, audits, or other circumstances determined by ODH. ODH may request backup validation documentation at any time when expenditures are being reimbursed. Please reference the OGAPP manual for further guidance.

First-Tier Subrecipients will finalize formal contracts with partner agencies and/or organizations for the placement of health navigator(s). Contracts should include information on the specific setting that will be covered by health navigator(s) and submitted to ODH by the due date. Additional documentation should include a position description detailing the roles and responsibilities of the health navigator(s).

First-Tier Subrecipients and contracted agencies and/or organizations will hire and deploy health navigator(s) with the intent to begin data collection at the beginning of quarter three. Additional documentation should include an updated position description detailing the roles and responsibilities of the health navigator(s).

##### Settings and Initiatives

Health navigator(s) are expected to be placed in the following settings: harm reduction, health system/clinical (FQHCs, free clinics, and other settings not included or funded by the ODH Emergency Department Comprehensive Care Grant), community-based (homeless shelters, food pantries, churches, etc.) and public safety. Refer to **Appendix J** for a detailed list of organizations and potential opportunities for health navigator placement within each setting listed above. Each health navigator will be required to provide services to individuals within a minimum of one setting but may split their time and provide services in a maximum of two settings. Once all four settings have been met, additional health

navigators may provide services in a duplicated setting. If duplicating a setting, the health navigator cannot be in the same location within that agency and/or organization. Services should be provided in a different county or town, etc.

Services provided may include, but are not limited to, facilitation of referrals and warm hand-offs to wrap around services, case management, distribution of supplies, and social support. In addition to those services, funded agencies will assist the placed health navigator(s) with integration and provision of naloxone and fentanyl test strips.

## **Health Navigator(s) Standard Operating Guide (SOG) and Agency Cross-Training.**

### Standard Operating Guide and Agency Cross-Training

First-Tier Subrecipients will be required to develop and establish an SOG within year one. In the event of staff turnover, the SOG will serve as a resource to educate new health navigator(s) and/or organizations on initiatives being implemented to continue the work and avoid gaps in service. The SOG should encompass information on the agency/organization and health navigator responsibilities, provision of ongoing cross-training, and general succession planning. Documentation of the development of the SOG will be reported to ODH at the end of the first quarter.

Any updates and/or changes to the SOG may include, but are not limited to, the scope of work of the agencies and/or organizations and health navigator(s), key contacts at the funded agency, and planned activities or work for the current and subsequent grant years. Changes as a result of cross-training or periodic review must be reported to ODH.

### Motivational Interviewing

Health navigator(s) will be expected to complete a Motivational Interviewing training course by the end of the third quarter and provide a certificate or proof of completion to ODH. In the event that health navigator(s) have completed a Motivational Interviewing training course within the past 12 months (May 2025 – May 2026), documentation can be submitted to ODH to determine if it is sufficient for completion of the deliverable. Health navigators will be expected to submit contextual information regarding how Motivational Interviewing can be applied to their roles and a summary of lessons learned to ODH.

A list of free Motivational Interviewing courses will be provided by ODH upon award.

## **State Initiative Participation**

First-Tier Subrecipients and health navigator(s) will be expected to attend and participate in all scheduled monthly progress technical assistance calls with ODH staff. Both First-Tier Subrecipients and health navigator(s) will be expected to provide progress updates, information on successes, challenges, identified trends, and other information requested by ODH. Meeting minutes will be disseminated to all partners after the calls and may be used as deliverable documentation.

In addition to the monthly progress technical assistance calls, First-Tier Subrecipients and health navigators will have the option to participate in the Ohio Overdose Prevention Network (OPN) Health Navigator Community of Practice Committee to network and discuss best practices and challenges that health navigators may encounter. First-Tier Subrecipients and health navigators will have the opportunity to participate in other Ohio OPN committees if they choose to do so.

Looking into year two, health navigators will be expected to participate in the Ohio OPN Health Navigator Community of Practice Committee once a quarter. Participation will include but is not limited to networking as well as discussing best practices and challenges that the health navigators may have encountered in year one and throughout year two.

## **Quantitative and Qualitative Performance Measure Data**

First-Tier Subrecipients will establish data collection methods, monitor activities and services provided by implemented health navigators, and report on performance measure data, disaggregates, and contextual information identified by ODH in partnership with the CDC.

### *Establishing Data Collection Methods*

To align with the benchmark date identified for health navigator employment, First-Tier Subrecipients should identify and establish data collection methods and procedures prior to the implementation of health navigators to ensure data can be collected at the start of service provision. First-Tier Subrecipients are expected to inform ODH of progress on establishment and any updates to data collection methods through regular quarterly program reporting. Progress updates on data collection procedures will include general plans outlining the following:

- **When and how** data will be collected to ensure timely reporting.
  - Methods to collect data from implemented health navigators (e.g., tools, electronic databases, paper submissions).
  - Cadence of data collection from implemented health navigators (e.g., bi-weekly, monthly) to allow for data aggregation that aligns with quarterly ODH reporting timelines.

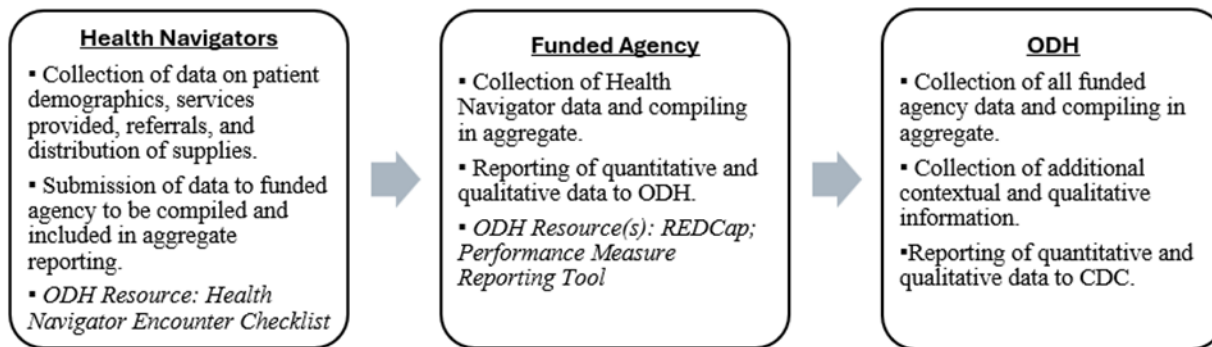
### *Data Collection and Reporting*

Refer to **Appendix N** for a list of identified quantitative metrics and disaggregates for year one. The identified metrics are subject to periodic reassessment and refinement and may change over the course of the grant due to external factors, changes in the drug overdose epidemic, effectiveness of prevention interventions, process improvement, or additional requirements and guidelines set forth by CDC.

To ensure First-Tier Subrecipients are supported in data collection and reporting activities, the following resources will be utilized:

- Research Electronic Data Capture (REDCap) - The REDCap system will be used to capture data collection method progress updates and other qualitative/contextual information on a quarterly basis in conjunction with required program reporting.
- Health Navigator Encounter Checklist – The Health Navigator Encounter Checklist includes required data points to be collected by health navigators for each individual encounter related to patient demographics, services provided, referrals, and distribution of supplies. Refer to **Appendix O**. As mentioned above, the metrics provided in this checklist are subject to change over the course of the grant. A fillable version of the Word document will be provided by ODH upon award.
  - First-Tier Subrecipients may directly utilize this form as a method of data collection for health navigators to capture individual encounter data or as a template for what should be included if the funded agency prefers to implement the use of an electronic database or data collection system. The metrics on the checklist are required for collection and cannot be modified.
- Performance Measure Reporting Tool – The ODH developed reporting tool includes a breakdown of quantitative measures and disaggregates related to health navigators and service encounter activities for ease of compiling and reporting aggregate data to ODH. The reporting tool will be submitted quarterly by the funded agency to ODH via GMISP with their aligned program reporting documentation. A copy of the Excel reporting tool will be provided by ODH upon award.
- *Process and Workflow*

Collaboration between implemented health navigators, the funded agency, and ODH is necessary to ensure that data quality, data collection processes, and reporting methods are consistent. The funded agency should ensure that the data collection cadence established with health navigators allows time for compiling data and information to guarantee timely submission of quarterly reporting to ODH. A visualization of the process/workflow, funneling of information, and use of resources is included below.



To reiterate information included in the Health Navigator(s) Employment guidance section of this solicitation, if First-Tier Subrecipients are on track to implement health navigators ahead of the benchmark date of employment, communication with your ODH Program Consultant is imperative to ensure all data collection and reporting submission requirements are aligned.

### Education and Awareness to Communities

First-Tier Subrecipients will work with identified key leaders and partners in the Southeast region to educate underserved communities within their region through the dissemination of the OH Against OD campaign. Educational and awareness strategies should focus on the priority population within the subrecipient's area. Educational materials and requests for specific materials can be found at <https://odh.ohio.gov/know-our-programs/oh-against-od>.

The implementation and dissemination plan should be inclusive of emerging populations and priority audiences with increased risk. First-Tier Subrecipients, alongside key leaders and partners, should include how they have identified message dissemination channels to best address the underserved communities. Refer to **Appendix M** for required qualitative and quantitative data to collect.

Utilizing state and local data sources, First-Tier Subrecipients will develop a dissemination plan that outlines how they intend to education emerging populations and priority audiences with increased risk. The plan should include the following components:

- Identified key leaders and partners involved in planning and/or implementing activities;
- Identified emerging population and/or priority audiences with increased risk;
- Description of culturally and linguistically appropriate communication strategies;
- Intended outcomes and key metrics for measuring success.

First-Tier Subrecipients will implement their dissemination plan and submit a summary report on education and awareness strategies. The report should include the following components:

- Strategies implemented;
- OH Against OD campaign materials utilized;
- Dissemination channels utilized;
- Outcomes and key metrics.

### Site Visits

First-Tier Subrecipients must complete one site visit per year.

For year one, First-Tier Subrecipients will meet with their ODH Program Consultant for a virtual/in-person site visit. During this time, the ODH Program Consultant will meet key staff members, discuss year one progress, and review financial records. Site visits will be scheduled with your ODH Program Consultant before the end of quarter two.

First-Tier Subrecipients will be expected to complete an in-person site visit in year two.



## Application Instructions

To complete the competitive application for ODH, complete each of the required application components listed below. Attachments should be named as indicated below and attached in GMISP per system instructions.

Please Note: Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health, Violence and Injury Prevention Section. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the proposed strategies will be additive and not duplicative.

The following components are required:

- A. **Year 1 Program Narrative:** 20-page limit – named “Agency Name Program Narrative\_2026”. An outline for the Program Narrative is included below:
  - a. Executive Summary.
    - i. Identifies lead agency/organization, key personnel, and descriptions of the program.
    - ii. Describes the public health problem(s) (problem/need) that the program will address through required objectives.
    - iii. Identifies the burden of health disparities faced by the region and describe how the program will address them through the required scope of work.
    - iv. Identifies the priority population for the required scope of work.
    - v. Identifies services currently offered by agency and/or organization.
    - vi. Identifies existing resources, partnerships, barriers, and facilitators that may impact the project.
    - vii. Identifies total funds requested and summarizes how many proposed health navigators and proposed settings.
  - b. Description of Applicant / Eligibility / Personnel.
    - i. Describes the agency/organization’s eligibility to apply; summarizes structure as it relates to the program and, as the lead agency/organization, how the grant will be managed.
    - ii. Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information 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. (see standards below)
      1. National CLAS Standards  
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
      2. ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>
    - iii. Description of agency/organization experience with Violence and Injury Prevention and/or drug overdose prevention.
    - iv. Description of existing work including current Violence and Injury Prevention and/or drug overdose prevention services offered.
    - v. Description of additional Drug Overdose Prevention and/or Violence and Injury Prevention funding sources as well as scope of work to ensure efforts will not be duplicative.
    - vi. Identify all employees working directly on program activities and initiatives as well as qualifications and training as it relates to Drug Overdose Prevention and/or Violence and Injury Prevention.

- vii. If applicable, identifies if agency and/or organization has health navigators employed and ready to implement scope of work.
  - 1. Demonstrates the health navigators has the minimum of one year experience in overdose prevention and/or injury prevention.

c. Problem / Need.

- i. Description of local health status concern(s) that will be addressed by the project utilizing state and local data sources.
- ii. How agency/organization will engage priority populations to inform programmatic development.
- iii. Anticipated barriers in implementing health navigator(s) drug overdose prevention activities and strategies for overcoming these issues.

B. Scope of Work.

- a. Identifies the number of proposed health navigators.
- b. Identifies the number and types of proposed settings.

C. Methodology Narrative.

- a. Identifies goals in a SMART format.
  - i. Goals contain a realistic deadline(s) and benchmark(s) that are not grant due dates.
- b. Provides a thorough explanation of each goal and how it will be intended to achieve.
- c. Explanation of how the goals relate to the overall importance of the program.
- d. Description of all proposed setting(s) and/or location(s) for proposed activities.
- e. Explanation of how activities will address identified health inequities.
- f. Identifies and describes evaluation measures that will be used to determine the overall success of the program.
- g. Identifies and describes how the identified resources, partnerships, barriers, and facilitators may impact the project.
  - i. If utilizing a partnership, roles of the partnership agency and/or organization must be explained.
- h. Identifies and describes a sustainability plan.
  - i. How agency will sustain health navigator(s) activities if funding is no longer available through ODH.
  - ii. Additional funding or in-kind contributions may be leveraged through the use of the ODH grant funds.

D. **Workplan (See Appendix G):** no page limit – named “Agency Name\_Workplan\_2026”.

- E. **Budget Justification** (see GMISP for example or **Appendix H**): no page limit – named “Agency Name\_Budget Justification\_2026”. This funding is deliverable-based, and the required budget narrative should follow the template provided. However, for the purposes of the application, please summarize how the requested funds will be allocated within the project including the following:
- i. Salary for personnel to implement identified strategies along with the names of staff, if known.
  - ii. Implementation funds and known objectives will be directed to.
  - iii. Key implementation partners with proposed compensation and contracts to be initiated.
  - iv. *Prior to completion of the budget section, please review **pages 13-15** of the solicitation for unallowable costs.*

- F. **Letters of Support:** no page limit – named “Agency Name\_LOS\_2026”. Letters of support are required from lead agency/organization if intending to partner with another agency/organization to deploy a health navigator. The letter of support should express support and intent to collaborative with the agency and/or organization, if funded.

Additional letters from other counties may be included to strengthen the application.

a. Additional recommended Letters of Support:

- i. Local / state public safety agencies willing to collaborate with the applicant agency and/or organization.
- ii. Local harm reduction, clinical, or community-based organizations willing to collaborate on linkage to care projects.
- iii. If agency is not a local health department, the agency and/or organization must include a letter of support from their local health department to implement initiatives within the area.

## Workplan Guidance and Template

Use these instructions to complete the Template Annual Work Plan available below. Each applicant will receive an Excel document that can be updated to include their specific proposed activities.

For the purposes of this application, please provide a detailed 12-month work plan for project year one which covers 9/1/2025 - 8/31/2026.

1. **Long-term Outcome Objective:** Complete at least one (1) long-term outcome objective that should remain consistent for reach category. A suggested long-term outcome objective is: *By September 1, 2028, this program will reduce morbidity and morality related to substance use disorders by supporting a regional approach that will support and sustain overdose prevention efforts across the state of Ohio.*
2. **Required Objectives:**
  - a. Required program objectives are listed in **Appendix C**.
  - b. Customize each required objective to reflect county-specific activities.
  - c. Complete the appropriate Annual Work Plan section for each required objective the agency is applying for.
  - d. Required objectives should have an annual timeframe and build logically toward the long-term outcome objectives.
3. **Community or Location:** Describe the community setting and/or location for the intervention.
4. **Activities:** For each required strategy, write the required activities that explain what you are going to do and when you are going to do it. Activities should logically connect and follow from objectives.
5. **Personnel and Agency Responsible:** Identify the person and agency responsible for completing the activities.
6. **Timeline – start and end date:** Assign a timeline including start and end dates for each activity; state the time period (in dates) when the activity will take place. Do not list the entire project year as the start and end dates. Consider the length of time each implementation step will take to accomplish and note those dates.
7. **Priority Population:** List the populations of focus which include:
  - a. Intermediate priority population (influential and credible people, leaders, decision-makers, professionals, individuals with lived experience).
  - b. Priority population that will be prioritized to achieve objectives.
8. **Status:** Please select an option that most accurately describes the current state of the project being proposed.
9. **Steps Proposed:** please delineate any additional steps needed to achieve each activity.
10. **Evaluation Measures for Success:** Describe how the activities will be evaluated for success. Please indicate the method for ensuring that each activity has been completed, e.g. survey data, number of providers trained, focus group results, etc. The method should be well thought out and specific evaluation tools completed before the project begins. **Complete the workplan template and save in one file and name 'Agency Name\_Grant Name Workplan\_2026'.** Please attach the excel file in GMISP.

**Ohio Department of Health Violence & Injury Prevention Section  
2025 - 2028 Drug Overdose Prevention Program  
MONTH DD, YYYY - MONTH DD, YYYY**

<b>Agency Name:</b>		<b>County/Counties:</b>	
<b>Program Coordinator:</b>		<b>Email &amp; Phone:</b>	
<b>Secondary Contact:</b>	<i>(if applicable)</i>	<b>Email &amp; Phone:</b>	<i>(if applicable)</i>

**SECTION I - ANNUAL WORK PLAN (YYYY-YYYY)**

*The purpose of the workplan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. Please be detailed and descriptive when completing the workplan.*

**Deliverable 1: Health Navigator(s) Employment.**

<b>Required Objective(s)</b>	<b>Objective 1.</b> By February 28, 2026, First-Tier Subrecipients will employ health navigators to be deployed in harm reduction, clinical, community-based organizations, or public safety settings.
<b>Goal / Long Term Objective:</b>	<i>(Please write objective(s) in a SMART format.)</i>
<b>Identify Priority Population for this objective:</b>	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	Timeline (Month / Year)		Performance Measures and Intended Outcomes (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	End	

**Deliverable 2: Health Navigator Standard Operating Guide (SOG) and Agency Cross-Training.**

Required Objective(s)	<b>Objective 2A.</b> Subrecipient will cross-train all necessary staff on solicitation initiatives as well as develop and maintain the agency 's SOG.		
	<b>Objective 2B.</b> By May 31, 2026, health navigator(s) will complete a Motivational Interviewing training course.		
Goal / Long Term Objective:	(Please write objective(s) in a SMART format.)		
Identify Priority Population for this objective:			
Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	Timeline (Month / Year)		Performance Measures and Intended Outcomes (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	End	
<b>Deliverable 3: State Initiative Participation.</b>			
Required Objective(s)	<b>Objective 3.</b> By August 31, 2026, First-Tier Subrecipients and health navigator(s) demonstrate their attendance and participation in all meetings with ODH.		
Goal / Long Term Objective:	(Please write objective(s) in a SMART format.)		
Identify Priority Population for this objective:			
Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	Timeline (Month / Year)		Performance Measures and Intended Outcomes (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	End	

<b>Deliverable 4: Quantitative and Qualitative Performance Measure Data.</b>			
<b>Required Objective(s)</b>	<b>Objective 4.</b> By August 31, 2026, First-Tier Subrecipients will establish data collection methods, monitor activities and services provided by implemented health navigators, and report on performance measure data, disaggregates, and contextual information identified by ODH.		
<b>Goal / Long Term Objective:</b>	<i>(Please write objective(s) in a SMART format.)</i>		
<b>Identify Priority Population for this objective:</b>			
<b>Steps and Interventions</b> (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	<b>Timeline</b> (Month / Year)		<b>Performance Measures and Intended Outcomes</b> (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	<b>Start</b>	<b>End</b>	
<b>Deliverable 5: Implement Education and Awareness Campaign.</b>			
<b>Required Objective(s)</b>	<b>Objective 5.</b> By August 31, 2026, First-Tier Subrecipients must provide evidence of education and awareness campaign implementation that is inclusive of emerging and priority audiences.		
<b>Goal / Long Term Objective:</b>	<i>(Please write objective(s) in a SMART format.)</i>		
<b>Identify Priority Population</b>			

for this objective:			
<b>Steps and Interventions</b> (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	<b>Timeline (Month / Year)</b>		<b>Performance Measures and Intended Outcomes</b> (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	End	



Deliverable Funded Budget Justification Template

The budget justification example below illustrates how First-Tier Subrecipients must submit their budget justification for Overdose Prevention Health Navigators of Southeast Ohio. Budget justification line items MUST be in the same order as the GMISP budget. This template can also be located on the bulletin board of GMISP.

First-Tier Subrecipients will be responsible for determining funding allocation to each deliverable. The total amount should not exceed the total of \$70,000 for one health navigator, \$135,000.00 for two health navigators, and \$200,000 for three health navigators. Refer to **Appendix L** for a further breakdown. Allocation amount just be justified by work dedicated to reaching the deliverable.

**NOTES:**  
Budget justification line items MUST be in the same order as in the GMISP budget.

OTHER DIRECT COSTS

Deliverable – Objectives  
(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

<b>Scenario 3</b>	
Deliverable – Objective 1	\$ TBD by Applicant
Deliverable – Objective 2	\$ TBD by Applicant
Deliverable – Objective 3	\$ TBD by Applicant
Budget Grand Total	\$

**Notes:**  
The budget justification must be signed by the agency head listed in GMISP.  
Budget revisions that do not include a signed budget justification by the agency head listed in GMISP will be disapproved.  
Authorized representative certification language must also be included with agency head signature.

Subrecipient’s authorized representative certifies the foregoing:

First-tier 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).  
First-tier 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.  
First-tier 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.  
First-tier Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policies and procedures and all federal rules and regulations to qualify for reimbursement.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name & Title]

\_\_\_\_\_  
[Date]

Regional Map

The map below illustrates the designated regions of Regional Prevention and Linkages to Care Collaborative Grant that align with the ODH Project Deaths Avoided with Naloxone (DAWN) program.

Ohio Department of Health  
Regional Map



Health Navigator Position Titles

A Health Navigator is an individual familiar with the local public health landscape and who work directly with individuals with OUD and/or StUD to ensure they have the tools to address barriers to seeking care and who support people accessing treatment and their retention (and reengagement if necessary) in substance use disorder (SUD) treatment and care, as well as support access to other services, such as harm reduction and social supports<sup>1</sup>.

Alternative titles can include but are not limited to:

Alternative Position Titles
<ul style="list-style-type: none"><li>• Community Health Worker.</li><li>• Community Health Educator.</li><li>• Community Health Advocate.</li><li>• Community Health Representative.</li><li>• Community Health Navigator.</li><li>• Certified Peer Recovery Specialist.</li><li>• Certified Prevention Specialist.</li><li>• Patient Navigator.</li><li>• Health Navigator.</li><li>• Health Coach.</li><li>• Health Advisor.</li><li>• Health Educator.</li><li>• Outreach Specialist.</li><li>• Outreach Coordinator.</li><li>• Outreach Navigator.</li><li>• Outreach Worker.</li><li>• Care Coordinator.</li><li>• Prevention Specialist.</li><li>• Peer Mentor.</li><li>• Peer Navigator.</li><li>• Peer Supporter.</li><li>• Peer Specialist.</li><li>• Linkage Navigator.</li><li>• Linkage Specialist.</li><li>• Linkage Coordinator.</li><li>• Navigator.</li></ul>

<sup>1</sup> Cruz, MPH, K., & Chiang, MPH, S. (2023). CDC Evaluation Profile for Linkage to Care Initiatives.  
[https://www.cdc.gov/overdose-prevention/media/pdfs/OD2A\\_EvalProfile\\_LinkageToCareInitiatives\\_508.pdf](https://www.cdc.gov/overdose-prevention/media/pdfs/OD2A_EvalProfile_LinkageToCareInitiatives_508.pdf)

## Health Navigator Settings and Organizations

Setting	Organizations
<b>Health System / Clinical</b>	<ul style="list-style-type: none"> <li>• FQHCs.</li> <li>• Free Clinics.</li> <li>• Treatment facilities/centers.</li> <li>• Inpatient, primary care, and emergency departments that are not funded by ODH under the Emergency Department Comprehensive Care Grant.</li> <li>• OBGYN/NICU (withdrawal).</li> </ul>
<b>Harm Reduction</b>	<ul style="list-style-type: none"> <li>• SSPs.</li> <li>• Project DAWN sites.</li> <li>• Informal harm reduction organizations.</li> <li>• Harm Reduction coalitions.</li> </ul>
<b>Public Safety</b>	<ul style="list-style-type: none"> <li>• Jails.</li> <li>• Drug courts/other specialty courts.</li> <li>• Prosecution/probation/parole.</li> <li>• EMS leave behind.</li> <li>• QRTs/Overdose Response Teams.</li> <li>• Drug/CODE Task Forces.</li> <li>• Connection to Operation BRIDGE.</li> <li>• Family navigators in Coroner's offices.</li> <li>• Re-entry coalitions.</li> </ul>
<b>Community-Based</b>	<ul style="list-style-type: none"> <li>• Peer recovery support organizations.</li> <li>• Homeless shelters/drop-in centers.</li> <li>• Food pantries.</li> <li>• Faith-based organizations/churches.</li> <li>• Mutual help organizations (AA/AN).</li> <li>• Minority outreach organizations.</li> <li>• Human trafficking prevention organizations.</li> <li>• LGBTQ+ organizations.</li> <li>• Domestic violence shelters/organizations.</li> <li>• YMCA/Urban League.</li> <li>• Drug Free Communities.</li> </ul>

## Health Navigator Allocations

Applicants are permitted to choose from four health navigator settings within the Southeast region, specifically in harm reduction, clinical (FQHCs, free clinics, and other settings not included under the EDCC grant), community-based organizations (homeless shelters, food pantries, churches, etc.), or public safety settings. Applicants must demonstrate the ability to cover a minimum of one setting, but additional funding and priority will be given to those who can demonstrate the coverage of multiple settings.

The health navigators may be hired at the full-time position [minimum 35 hours a week] but is not required. Each health navigator will be required to provide services to individuals within the minimum of one setting but may split their time and provide services in the maximum of two settings. Once all 4 settings have been met, additional health navigators may duplicate a setting, but the navigator cannot be in the same location within that agency and/or organization. This needs to be a different county or town, etc.

Applicants will have the option to apply for the minimum of one health navigator but up to the maximum of three health navigators. ODH reserves the right to modify funding amount based off applicants' ability and readiness to implement the initiatives of strategies of Overdose Prevention Health Navigators of Southeast Ohio Grant.

	<b>Applicants deploying 3 Health Navigators (max)</b>	<b>Applicants deploying 2 Health Navigators</b>	<b>Applicants deploying 1 Health Navigator (min)</b>
<b>Health Navigator</b>	\$180,000	\$120,000	\$60,000
<b>Administration &amp; Reporting</b>	\$20,000	\$15,000	\$10,000
<b>Total</b>	<b>\$200,000</b>	<b>\$135,000</b>	<b>\$70,000</b>

Example of an applicant's budget breakdown:

	<b>Applicants deploying 3 Health Navigators (max)</b>	<b>Applicants deploying 2 Health Navigators</b>	<b>Applicants deploying 1 Health Navigator (min)</b>
<b>Objective 1</b>	\$180,000	\$120,000	\$60,000
<b>Objective 2</b>	\$1,000	\$1,000	\$1,000
<b>Objective 3</b>	\$12,000	\$8,000	\$5,000
<b>Objective 4</b>	\$3,000	\$2,000	\$1,000
<b>Objective 5</b>	\$1,000	\$1,000	\$1,000
<b>Supplies / ODC*</b>	\$3,000	\$3,000	\$2,000
<b>Total</b>	<b>\$200,000</b>	<b>\$135,000</b>	<b>\$70,000</b>

\*ODC: Other Direct Costs within applicants proposed budget justification.

## Education and Awareness Campaign Metrics

When developing your dissemination plan, First-Tier Subrecipients should not rely on just one dissemination channel for OH Against OD messaging. It is important to make sure the channels chosen are the most likely to reach your priority population.

Dissemination tactics stem from three main categories of marketing: social media, digital, and print marketing. All these categories can be used when implementing your campaign, but it is important to note that some of these categories may be used more frequently than others depending on who your priority audience is.

Types of Dissemination Channels for Marketing		
Channel	Description	Channel Assets
Social Media Marketing	Social media is a form of marketing that utilizes social media platforms to promote messaging. Posting can either be organically posted or to increase visibility, can be a paid media post.	Instagram, Facebook, Snap Chat, Twitter.
Digital Marketing	Digital Marketing utilizes digital communication to connect with the general public or a specific audience. While social media is a form of digital marketing, there are many more channels available through this channel.	TV commercials, email blasts, YouTube commercials, blog posts, website ads, display ads.
Print Marketing	Print Marketing utilizes advertisements in places where the general community and/or priority population can see, hear, or engage with the messaging offline.	Radio ads, newspapers, magazines, fliers, brochures, handouts, posters, hot cards, QR code cards, billboards, banners, various forms of signage.

Below outlines qualitative and quantitative information That should be collected through your dissemination plan.

Priority Population for Public Awareness Campaign Implementation- *Please describe your identified priority audience you wish to reach.*

Data Justification – *How did you identify this priority audience listed above? What data sources did you use?*

Campaign(s) Materials – *Please identify which parts of the OH Against OD campaign you intend to implement. Example: Will use billboards, brochures, and flyers.*

Measuring Metrics – *Please describe how you will measure the success of your campaign implementation. You may include quantitative and qualitative metrics. Examples of metrics include:*

- Social Media Metrics:
  - Amount of social media posts.
  - Organic vs. paid social posts.
  - Types of social media posts.
  - Reach of social media posts (this will differ between social media platforms.)
- Digital Marketing Metrics.
  - Types of digital marketing ads.
  - Reach of digital marketing ads.
- Print Marketing Metrics:
  - Types of print marketing.
  - Traffic overview of where print marketing was placed.
  - Amount of print marketing handed out.



## List of Identified Metrics & Disaggregates

Health Navigator Data	
<ul style="list-style-type: none"> <li>Total # of service encounters by navigators               <ul style="list-style-type: none"> <li>Of which: # of encounters where naloxone was distributed</li> <li>Of which: # of encounters where fentanyl test strips were distributed</li> <li>Of which: # of encounters where drug checking occurred, and a result was provided back to the individual</li> <li>Breakdown of naloxone distribution, fentanyl test strips, and drug checking by zip code locations where services were provided.</li> <li>Breakdown by <u>type of service encounters</u><sup>1</sup></li> <li>Breakdown by type of setting and location</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Total # of naloxone <i>doses</i>* distributed through navigators (<i>*if 2 doses in 1 kit, count 2 doses</i>)               <ul style="list-style-type: none"> <li>Breakdown of doses distributed by <u>type of organization/navigator placement</u><sup>2</sup></li> <li>Breakdown of doses distributed by zip code(s) of navigator placement</li> </ul> </li> <li>Total number of fentanyl test strips (FTS) distributed through navigators               <ul style="list-style-type: none"> <li>Breakdown of FTS distributed by navigator placement/setting</li> <li>Breakdown of FTS distributed by zip code(s) of navigator placement</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Total # of referrals by navigators               <ul style="list-style-type: none"> <li># of referrals to MOUD</li> <li># of referrals to behavioral treatment only (without MOUD)</li> <li># of referrals to harm reduction services</li> <li>Breakdown of referrals by navigator placement/setting</li> <li>Breakdown of referrals by race/ethnicity</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Any issues or concerns impacting quality of data or information being collected (encounters)</li> </ul>	
General Funded Agency Data	
<ul style="list-style-type: none"> <li># of navigators placed               <ul style="list-style-type: none"> <li># of navigators placed in each setting – health care, public safety, harm reduction, community-based, other</li> <li>Breakdown by <u>position titles/types of navigators</u><sup>3</sup> implemented</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li># of naloxone <i>doses</i>* distributed by your agency during the quarter (<i>*if 2 doses in 1 kit, count 2 doses</i>)               <ul style="list-style-type: none"> <li>Zip code of agency</li> <li><u>Mechanisms of distribution</u><sup>4</sup></li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Any issues or concerns impacting quality of data or information being collected (agency)</li> </ul>	
<ul style="list-style-type: none"> <li>Additional quantitative and qualitative/contextual information will be identified and included in quarterly REDCap program reporting.</li> </ul>	
Footnotes	
<sup>1</sup> <u>Type of service encounters</u> include: distribution of supplies (naloxone, FTS, wound care), education, medical services (HIV/HCV testing/treatment), and behavioral health support.	
<sup>2</sup> <u>Type of organization/navigator placement</u> includes: syringe service program, community-based organization, faith-based organization, emergency department/urgent care, other healthcare organization, police department, jail/prison, college/university, secondary education, health department, or other. If other organizations are captured, please specify in reporting breakdown.	
<sup>3</sup> <u>Position titles/types of navigators</u> can include peer navigators, certified peer recovery specialists, peer	

support specialists, case managers, patient navigators, community health workers, and persons with lived experience. If other titles are used for navigator positions, please specify in reporting breakdown.

<sup>4</sup>Mechanisms of distribution can include direct distribution, vending machines, mobile units, community events, warm hand-offs, mail-order, distribution to partners, or leave behind. If other mechanisms of distribution are used, please specify in reporting breakdown.

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### Health Navigator Encounter Checklist

Site/Navigator Information	
Zip Code of Encounter/Services Provided:	
Position Title/Type of Navigator:	
Setting (choose one):	<input type="checkbox"/> Healthcare <input type="checkbox"/> Harm Reduction <input type="checkbox"/> Public Safety <input type="checkbox"/> Community-Based <input type="checkbox"/> Other
If 'Other', please specify:	
Setting type (choose one):	<input type="checkbox"/> SSP <input type="checkbox"/> Faith-based <input type="checkbox"/> ED/Urgent Care <input type="checkbox"/> Police Department <input type="checkbox"/> Jail/Prison <input type="checkbox"/> College/Univ. <input type="checkbox"/> Secondary Edu. <input type="checkbox"/> Health Dept. <input type="checkbox"/> Other
If 'Other', please specify:	
Type of location (choose one):	<input type="checkbox"/> Brick and mortar location <input type="checkbox"/> Mobile-based outreach <input type="checkbox"/> Other
If 'Other', please specify:	
Individual Demographics	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown; Prefer not to say
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown; Prefer not to say
Encounter Details	
Please select all applicable types of services provided during the encounter:	<input type="checkbox"/> Distribution of supplies (naloxone, fentanyl test strips, wound care) <input type="checkbox"/> Education <input type="checkbox"/> Medical services (HIV/HCV testing/treatment) <input type="checkbox"/> Behavioral health support
Was naloxone distributed during the encounter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Number of naloxone doses* that were distributed during the encounter: (*If 2 doses in 1 kit – count as 2 doses)	
Were fentanyl test strips distributed during the	<input type="checkbox"/> Yes <input type="checkbox"/> No

encounter?	
3a. Number of fentanyl test strips distributed during the encounter:	
Did drug checking occur where results were provided back to the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select all types of referrals provided to the individual during the encounter:	<input type="checkbox"/> Referral to medications for opioid use disorder (MOUD) <input type="checkbox"/> Referral to behavioral treatment only (without MOUD) <input type="checkbox"/> Referral to harm reduction services
Additional Information	
Were social supports provided during this encounter? If so, please explain. <i>For example: Housing, Food, Transportation etc.</i>	
Contextual	
Any issues or concerns impacting the quality of data or information being collected during this encounter?	
<i>Last revised: 1/31/2025</i>	

