



**Department  
of Health**

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

**Date:** 03/11/2020

**To:** Prospective Applicants

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

**Subject:** Interested Parties meeting changed to Webinar due to COVID-19 concerns  
Targeted Services for Homeless Youths and Homeless Pregnant Youths (TH21)

**Due to concerns related to the spread of COVID-19, the Ohio Department of Health is cancelling the face-to-face Interested Parties meeting on March 18, 2020 from 10:00 am -- 1:00 pm and will host a webinar on March 18, 2020 from 10:00 am -- 1:00 pm instead.**

The link below will take you to the webinar platform (Microsoft Teams).

[Link to Webinar Platform](#)

From there:

- Click the button "Join on the web instead"
- Click the button "Continue without audio or video"
- Click the blue "Join" button

In addition – please dial in to the conference phone information below.

**Conference phone information:**

1-855-405-1648

Meeting ID 95626#

You do not need to download Teams in order to participate unless you are participating from a mobile device, i.e., cell phone or iPad.

All due dates and requirements of this solicitation remain in effect. Please note the only change to the solicitation is the Interested Parties meeting changing to a webinar.

246 North High Street  
Columbus, Ohio 43215 U.S.A.

614 | 466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

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## Department of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

### MEMORANDUM

Date: 03/03/2020

To: Prospective Applicants

From: Dyane Gogan Turner |  
Maternal, Child and Family Health  
Ohio Department of Health

Subject: Notice of Availability of Funds – Competitive Solicitation for State Fiscal Year 2021  
(July 01, 2020 - June 30, 2021) Targeted Services for Homeless Youths and Homeless  
Pregnant Youths (TH21)

The Ohio Department of Health (ODH), Maternal, Child and Family Health announces the availability of grant funds for pilot programs utilizing innovative approaches to serving homeless youth and of particular focus – homeless youth who are pregnant. Qualified applicants for grant funds under this initiative must be a local public or non-profit agency with demonstrated history of serving homeless youth or homeless pregnant youth, and may not be current subrecipients of funds from ODH's subrecipient program "Services for Homeless Youths and Homeless Pregnant Youths", currently funded from 02/01/2020 – 06/30/2021.

To be eligible for funding, all applicant agencies must 1) be a local public or non-profit agency, 2) have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (**Appendix B**).

This is a competitive solicitation. **All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF – Appendix A) no later than Tuesday, March 24, 2020**, so access to the application via the internet website "ODH Application Gateway" can be established.

Potential applicants are encouraged to participate in an Information Session to be held at ODH in Columbus on **Wednesday, March 18, 2020 from 10:00 AM to 1:00 PM EST. The meeting will take place in the 35 E. Chestnut Street, Basement Conference Room A/B at the Ohio Department of Health, 246 N. High Street, Columbus, OH 43215.** The meeting is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application. Refer to the solicitation for more information regarding the Information Session.

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 PM on Monday, April 27, 2020**. Applications received after the due date will not be considered for review.

If you have questions, please contact Yibo Shao at 614-728-2972 or e-mail at Yibo.Shao@odh.ohio.gov.

246 North High Street  
Columbus, Ohio 43215 U.S.A.

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**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

**OHIO DEPARTMENT OF HEALTH**

**Maternal, Child & Family Health**

**TARGETED SERVICES FOR HOMELESS YOUTHS AND HOMELESS PREGNANT YOUTHS  
SOLICITATION  
FOR  
FISCAL YEAR 2021  
(07/01/2020 – 06/30/2021)**

**Local Public Applicant Agencies  
Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding**

**Revised 02/11/2019  
For grant starts 10/1/2019 and thereafter**

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## **I. APPLICATION SUMMARY and GUIDANCE**

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Tuesday, March 24, 2020 so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website:

<https://odh.ohio.gov/wps/portal/gov/odh/home>.

(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:

<https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

### **Budget Justification Certification language**

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient’s budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.

- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Application Name:** *Targeted Services for Homeless Youths and Homeless Pregnant Youths*

- C. Purpose:** *The problem of homelessness among young people, particularly youth who are homeless and pregnant represents a challenging public health issue for the State of Ohio. The ODH recognizes the need to address this issue and aims at utilizing these funds to initiate a longer-term conversation on solutions. Homeless youth are at particularly high risk for teen pregnancy, which is a major destabilizing event. Research indicates as many as 20% of homeless young women become pregnant and homeless young women are more likely to experience multiple pregnancies than housed young women. These pregnant and homeless teens lack financial resources and adequate health care, resulting in increased risk for low birth weight babies and high infant mortality. These adolescents have more medical problems and poor birth outcomes because they are less likely to receive adequate general medical care and prenatal care or to meet recommended nutritional intake. While the needs of homeless youths and homeless pregnant youth in Ohio are extensive and will not be easily solved, the funding from Amended Substitute House Bill 166 (the Budget Bill) provides ODH and interested partners an opportunity to pilot innovative approaches over the next 12-month grant period. ODH is interested in funding subrecipients who will address not just the housing needs of homeless youth, but also their behavioral, physical, educational, and social needs.*

*Funded services to youths experiencing homelessness must consider at-risk populations which face a disproportionate share of the homelessness burden. Based on to the U.S. Department of Housing and Urban Development's (HUD) 2018 Point-in-Time Count, over 370,000 individuals experienced homelessness on a single night in 2018. Of identified homeless individuals, 35% identified as African American and 22% identified a Latino, both considerable overrepresentations relative to the percentage of African Americans and Latinos in the overall US population (12% and 17%, respectively). Native American individuals and those identifying as multiple races are also more likely to experience homelessness. These disparities are especially true for homeless youths—according to the HUD-funded Voices of Youth Count, the following youth are at heightened risk of experiencing homelessness: those with less than a high school diploma or GED; who are Hispanic or black; who are pregnant or parenting; or LGBTQ.*

*In addition, funded outreach and services to homeless youth and homeless youth who are pregnant must be culturally competent, trauma-informed, and developmentally accessible, and must address homelessness with an eye towards the overall wellbeing of the individual. In Policy Statement 20178, the American Public Health Association (APHA) acknowledged that homeless youths are more likely than their housed counterparts to experience negative outcomes, including chronic health conditions or problems substance abuse, violence, and mental health issues. As such, APHA considers ending homelessness as a public health issue, and recognition of the social determinants of health are crucial to this work.*

*ODH will fund proposals that demonstrate a comprehensive approach to addressing the multifaceted needs of homeless youths and homeless pregnant youth. Based on the findings of the US Interagency Council on Homelessness, successful subrecipients will develop plans to serve or provide referrals to homeless youths and homeless youth who are pregnant in the areas of housing; education and employment; community connections; and health and wellbeing (Deliverables 3, 4, 5, and 6). A goal of this round of funding is to support agencies who may not have the capacity to meet all 4 service areas, but would be able to coordinate or refer those needs to community partners. As such, funding will also be based on how each subrecipient engages with local and regional partners in outreach, and service*

delivery.

- D. *Qualified Applicants:*** *All applicants must be a local public or non-profit agency, with demonstrated history of serving homeless youth or homeless pregnant youth. Applicants may not be current subrecipients of the ODH subgrant program, “Services for Homeless Youth and Homeless Pregnant Youth” during the period 02/01/2020 – 06/30/2021. Agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS access form must be submitted (Appendix B).*

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by **4:00 PM on Monday, April 27, 2020.**

- E. *Service Area:*** *Applicants must be able to provide services to homeless youth within a geographic area as described in the project narrative. Interested applicants within the same geographic area are encouraged to work together. Geographic diversity will be considered for funding, with special consideration given to agencies who serve counties not currently receiving ODH funds for “Services for Homeless Youth and Homeless Pregnant Youth”.*

*The agencies listed below are currently funded by ODH from 2/1/2020 to 6/30/2021. Applicants from geographic areas that overlap with these funded agencies are encouraged to work together at the local level to maximize the reach of ODH funds.*

<b>Agency</b>	<b>Counties</b>
Center for Healthy Families	Franklin
Community Action Agency of Columbiana County	Carroll, Columbiana, Harrison, Jefferson, Tuscarawas
Community Action of Lancaster – Fairfield County	Coshocton, Fairfield, Holmes, Knox, Licking
Homeless Families Foundation	Franklin and surrounding (Fayette, Pickaway, Ross, Clinton, Highland, Delaware, Union, Madison, Morrow)
Integrated Services for Behavioral Health	Athens, Gallia, Hocking, Jackson, Meigs, Perry, Pickaway, Pike, Ross, Vinton
Summit County General Health District	Summit
YWCA of Greater Cleveland	Cuyahoga

- F. *Number of Grants and Funds Available:*** *Up to 8 grants may be awarded for a total amount of \$400,000 during the project period. Eligible agencies may apply for up to a maximum of \$50,000 during the project period (07/01/2020 – 06/30/2021.)*

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

*An interested parties meeting will be held at ODH (246 N. High St, Columbus, OH 43201) on Wednesday, March 18, 2020 from 10:00 AM to 1:00 PM. The meeting will be held in the 35 E. Chestnut Street Basement Conference Room A/B, 246 North High Street, Columbus, OH 43215. Attendance is highly encouraged.*

- G. *Due Date:*** All parts of the application, including any required attachments, must be completed and

received by ODH electronically via GMIS or via ground delivery at 246 N High St, Columbus, OH 43201-by **4:00 PM, Monday, April 27, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact Yibo Shao at [Yibo.Shao@odh.ohio.gov](mailto:Yibo.Shao@odh.ohio.gov) or 614-728-2972 with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166.

**I. Goals:** *ODH will fund up to 8 demonstration projects with innovative approaches to provide or coordinate an array of services to homeless youths and homeless pregnant youth, two populations that are particularly vulnerable, experience health disparities, and which are underserved by traditional homeless shelters and programs.*

*All subrecipients will provide or coordinate referrals for the provision of housing, physical and behavioral health service, including prenatal and postpartum services for pregnant youth, and well child services for parenting youth, education and employment opportunities, and the formation of long-lasting social and community connections leading to optimal health and wellbeing. This may include innovative strategies to address the effects of Adverse Childhood Experiences (ACES); the needs of homeless youth with mental, physical, chronic health and/or developmental disabilities; the unique challenges of homeless LGBTQ youth; special considerations for former foster youth, and the impact of racism and/or unfair opportunity structures for homeless youth of racial and ethnic minority groups. ODH will also fund subrecipients to work with local and regional partners on outreach and service referral.*

*All subrecipients will also be required to participate in ODH-convened meetings on the state of youth homelessness in Ohio. Through these meetings, subrecipients will have the opportunity to share their experiences in serving this population. In addition, subrecipients will also be able to lift up the voices of youth with lived experience of homelessness. These findings of these meetings will be used by ODH to shape future work in homelessness services.*

*This funding is intended to be flexible in order to support innovative approaches to outreach, service coordination, and service delivery, especially with the involvement of local and regional partners. Applicants will have the ability to determine how much of the total subgrant amount will be used for each service deliverable, based on their capacity and area needs. Geographic diversity will be considered for funding, with special consideration given to agencies who serve counties without ODH-funded youth homelessness services. Please see page 4 for list of currently funded agencies and counties.*

**J. Program Period and Budget Period:** The program period will begin July 1, 2020 and end on June 30, 2021. The budget period for this application is July 1, 2020 through June 30, 2021.

**K. Public Health Accreditation Board (PHAB) Standard(s):** This grant will address PHAB Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:



Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- 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.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- 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.

2. 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, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.

- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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

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

Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):**

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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

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

☒ X Applicable to (TARGETED SERVICES FOR HOMELESS YOUTHS AND HOMELESS PREGNANT YOUTHS)

**O. 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.**

- P. *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 Yibo Shao ([yibo.shao@odh.ohio.gov](mailto:yibo.shao@odh.ohio.gov) or 614-728-2972
- Q. *Acknowledgment:*** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. *Late Applications:*** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, April 27, 2020 at 4:00 PM**
- Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 PM** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**
- S. *Successful Applicants:*** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. *Unsuccessful Applicants:*** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. *Review Criteria:*** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

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

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

**V. 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.

**W. 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, Maternal, Child, and Family Health.”

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

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

Reports shall be submitted as follows:

- ✱ **Program Reports:** Subrecipient Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

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

**Monthly Program Performance Reports:**

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

**Quarterly Program Performance Reports:**

<i>Period</i>	<i>Report Due Date</i>
<i>July 1, 2020 to September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1, 2020 to December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1, 2021 to March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1, 2021 to June 30, 2021</i>	<i>July 10, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>

*Note: Obligations not reported on the final monthly or quarterly expenditure report will not be considered for payment with the final expenditure report.*

**Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 PM** on or before August 5, 2021. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

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

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

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

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

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

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

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

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

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

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

## **AB. Submission of Application**

### **Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 15 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete  
& Submit  
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Other Direct Costs
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
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:

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

Current Independent Audit (latest completed organizational fiscal period;  
**only if not previously submitted**)

Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215

## II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

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

**B. Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs.

**1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

**2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2020 to June 30, 2021).

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

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

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

**D. Project Narrative:**

**1. Executive Summary:** Identify the target population, services and programs to be offered to address youth homelessness; what your service agency or partner agencies will provide to address the unique needs of homeless youth; describe what types/segments of youth reflect a disproportionate burden of homelessness; describe the burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.

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

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it



relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner 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.

3. **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden or who are at an increased risk for homelessness, such as youths with disabilities, LGBTQ youth, foster youth, etc. Please be sure to identify which at-risk groups are need of services in your area, and whether the target population and service area will be primarily urban or rural.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

4. **Methodology:** In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. Include the estimated reach and impact of your program in terms of individuals, populations, and geographic areas served. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and 3 copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 PM on or before (Monday, April 27, 2020).**

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Access Form
- C.** C1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D.** Application Review Form

Reimbursement Type  
Select one option below:

- ☐ Monthly  
OR  
☐ Quarterly

## NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Maternal, Child & Family Health

**Appendix A**  
**Submission Required**  
See Due Date Below

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

*ODH Program Title:*

Targeted Services for Homeless Youths and Homeless Pregnant Youths  
ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

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

Type of Applicant Agency (Check One)    ☐ County Agency    ☐ Hospital    ☐ Local Schools    ☐ City Agency    ☐ Higher Education    ☐ Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name) \_\_\_\_\_

Agency Head (Signature) \_\_\_\_\_

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

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

YES ☐ NO ☐

If yes, no further action is needed.

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Yibo.Shao@odh.ohio.gov](mailto:Yibo.Shao@odh.ohio.gov) BY [Tues., March 24, 2020. ]

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

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

**GMIS Access User Access, Access Change or Deactivation Request**

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

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

**Check the type of access and complete the information requested:**    ☐ New Agency - needs GMIS Access

☐ New Employee - needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: \_\_\_\_\_

☐ Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

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

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

**Employee Name (no nicknames):** \_\_\_\_\_

**Employee Job Title:** \_\_\_\_\_

**Employee Office Phone Number:** \_\_\_\_\_

**Employee Office Fax Number:** \_\_\_\_\_

**Employee Office Email Address:** \_\_\_\_\_

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

**Email Notifications:** ☐ Yes    ☐ No

**GMIS Project Number(s) user needs access to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization Signature for User Access/Change/Deactivation:**

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency

**To be completed by Grants System Officer ONLY - Date Received:**

**Date Processed:**

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

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

**Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)**

**Name of Subgrant Program: Targeted Services for Homeless Youths and Homeless Pregnant Youths (TH)**  
**Budget Period: July 1, 2020 – June 30, 2021**  
**# of Deliverables: 6**  
**Use Budget Justification Scenario#: 1**

## **Appendix C1**

### **X Deliverables Only**

*NOTE: All applicants must fulfill all 6 deliverables, whether through direct service provision, subcontracting, or referrals. As the capacity of each applicant and the needs of each service area may differ, dollar values are not assigned to Deliverables 3, 4, 5, and 6. Each applicant may determine their own amounts for those deliverables, as long as the overall requested amount across all 6 deliverables is less than or equal to \$50,000.*

#### **Deliverable 1 – Participating in ODH-sponsored meetings on youth homelessness**

By June 30, 2021, each subrecipient will participate in 4 meetings with ODH to discuss youth homelessness issues, data, gaps in services, grants, etc. The formats of the meetings may be conference calls, video-conferences and/or face to face meetings. At least one representative from the subrecipient organization and two youths with lived experience of homelessness must participate in each meeting.

Up to \$4,000 is available per subrecipient during the budget period of 07/01/2020 – 06/30/2021 to support participation in the meetings. Of this amount, a \$100 incentive per youth per meeting shall be provided in the form of bus passes, gift cards, etc. (Cash may not be used as an incentive.)

Documentation: Submission of monthly/quarterly report of participation in ODH-sponsored meetings, communications and work groups and any materials requested by work group. The report should be submitted via the GMIS system with the monthly/quarterly expenditure reports.

#### **Deliverable 2 – Outreach to identify youth and homeless pregnant youth**

By June 30, 2021, each subrecipient shall conduct activities to identify homeless youth and particularly homeless youth who are pregnant, and engage them in services funded through this initiative. Outreach activities should be coordinated with local community partners and service agencies, including local school districts and county social service agencies.

Up to \$6,000 is available per subrecipient during the budget period of 07/01/2020 – 06/30/2021 to conduct outreach activities to identify homeless youth and engage them in services provided through this initiative upon submission of a quarterly program report.

Documentation: Submission of a monthly/quarterly program report that includes the number of homeless youth and the number of homeless pregnant youth; a narrative describing the outreach activities conducted during the quarter, including innovative activities undertaken and any challenges or barriers to engaging homeless youth and pregnant homeless youth. The report should be submitted via the GMIS system with the monthly/quarterly expenditure reports.

#### **Deliverable 3 – Coordination or provision of and/or referral to housing services for youth**

By June 30, 2021, each subrecipient shall address housing needs for youth and pregnant youth (ages 14 – 24) who are homeless, by providing housing, supporting housing costs, or coordinate the referral of youth and pregnant youth to a partner agency for housing. Subrecipients will ensure all services, whether provided on-site or through referral processes, are delivered in a trauma-informed, culturally sensitive and appropriate manner that is respectful and responsive to a diverse population. Housing costs may include providing or subsidizing access to age and service-appropriate housing, rental and utility assistance, landlord remediation and retention, diversion and prevention that enables a youth to avoid becoming homeless, etc. Subrecipients should collaborate with the

Children's Services Agency in their area to determine if foster care placement is feasible for youth who are under 18 years of age.

Applicant shall determine the amount of their request for this deliverable. In the budget and project narratives, the applicant should include justification of why this amount is requested, which includes a description of the applicant's own capacity to provide services, potential plans for referral to partner agencies, and community needs. The amount will be available to the subrecipient during the project period upon submission of a monthly/quarterly program report. The report should be submitted via the GMIS system with the monthly/quarterly expenditure reports.

Documentation: Submission of monthly/quarterly program report of services provided, including at a minimum the number of youths served, the types of services provided, cost(s) associated in providing the housing; challenges in providing services, and potential opportunities for innovation.

#### **Deliverable 4: Coordination or provision of and/or referral to behavioral and physical services for youth**

By June 30, 2021, each subrecipient shall coordinate, provide, financially support the costs of, and/or refer homeless and homeless pregnant youth to physical and behavioral health services. Subrecipients will ensure all services, whether provided on-site or through referral processes, are delivered in a trauma-informed, culturally sensitive and appropriate manner that is respectful and responsive to a diverse population. This may include staff time spent on referrals and providing assistance in accessing Medicaid programs; referrals to other programs such as WIC, prenatal programs; evidence-based home visiting for pregnant youth; transportation to/from appointments and follow-up; financial assistance (if applicable) for behavioral health and/or physical health services, including prenatal and postpartum health care appointments; and provision of on-site services by partner or contracted providers.

Applicant shall determine the amount of their request for this deliverable. In the budget and project narratives, the applicant should include justification of why this amount is requested, which includes a description of the applicant's own capacity to provide services, potential plans for referral to partner agencies, and community needs. The amount will be available to the subrecipient during the project period upon submission of a monthly/quarterly program report. The report should be submitted via the GMIS system with the monthly/quarterly expenditure reports.

Documentation: Submission of monthly/quarterly program report of services provided, including at a minimum the number of youths served, the types of services provided, cost(s) associated in providing the housing; challenges in providing services, and potential opportunities for innovation.

#### **Deliverable 5: Coordination or provision of and/or referral to education and employment opportunities**

By June 30, 2021, each subrecipient shall coordinate, provide, financially support the costs for, and/or refer homeless and homeless pregnant youth to educational and workforce development opportunities and services. Subrecipients will ensure all services, whether provided on-site or through referral processes, are delivered in a trauma-informed, culturally sensitive and appropriate manner that is respectful and responsive to a diverse population. These services may include but are not limited to include the provision of certified copies of birth certificates and state ID cards, linkages to secondary and post-secondary educational programs, special education programs, tutoring and homework support, preparation and registration costs for educational tests and certifications, linkages to youth workforce programs, soft skill development, career exploration, job search and placement, workplace training programs, childcare for parenting youth, etc.

Applicant shall determine the amount of their request for this deliverable. In the budget and project narratives, the applicant should include justification of why this amount is requested, which includes a description of the applicant's own capacity to provide services, potential plans for referral to partner agencies, and community needs. The amount will be available to the subrecipient during the project period upon submission of a quarterly

program report. The report should be submitted via the GMIS system with the monthly/quarterly expenditure reports.

Documentation: Submission of monthly/quarterly program report of services provided, including at a minimum the number of youths served, the types of services provided, challenges in providing services, and potential opportunities for innovation.

#### **Deliverable 6: Fostering community and social connections**

By June 30, 2021, each subrecipient shall facilitate the formation of permanent and meaningful community connections for homeless youths and homeless pregnant youths, including case management services.

Subrecipients may directly provide services, or may contract out or refer to community partners. Subrecipient will ensure all services, whether provided on-site or through referral processes, are delivered in a trauma-informed, culturally sensitive and appropriate manner that is respectful and responsive to a diverse population. Additional services may include positive social activities, conflict resolution, referrals to community and public resources, evidence-based home visiting; WIC; and parenting support groups for pregnant/parenting youth, etc.

Applicant shall determine the amount of their request for this deliverable. In the budget and project narratives, the applicant should include justification of why this amount is requested, which includes a description of the applicant's own capacity to provide services, potential plans for referral to partner agencies, and community needs. The amount will be available to the subrecipient during the project period upon submission of a quarterly program report. The report should be submitted via the GMIS system with the monthly/quarterly expenditure reports.

Documentation: Submission of monthly/quarterly program report of services provided, including at a minimum the number of youths served, the types of services provided, challenges in providing services, and potential opportunities for innovation.

[illegible]



# APPENDIX D

## TARGETED SERVICES FOR HOMELESS YOUTHS AND HOMELESS PREGNANT YOUTHS

### Grant Application Review Form

Project Name \_\_\_\_\_ Reviewer Name \_\_\_\_\_ Review Date \_\_\_\_\_ Total Score \_\_\_\_\_

Category	Comments: Strengths/Weaknesses/Special Conditions	Maximum Score	Reviewer's Score
<u><b>Application Information and Budget</b></u> <p><input type="checkbox"/> Application complete and on time</p> <p><input type="checkbox"/> Provided detailed information on how each deliverable will be achieved in their Budget Justification</p> <p><input type="checkbox"/> The Budget Justification template was followed and includes all 6 mandatory statements</p> <p><input type="checkbox"/> Staffing was described, and personnel and capacity associated with each deliverable</p>		20 points	
<u><b>Executive Summary</b></u> <p><input type="checkbox"/> Identified the target population, services and programs to be offered</p> <p><input type="checkbox"/> Stated what agency or agencies will provide those services</p> <p><input type="checkbox"/> Described the burden of health disparities and health inequities</p> <p><input type="checkbox"/> Described the public health problem(s) that the program will address.</p> <p><b>BONUS 2 POINTS:</b></p> <p><input type="checkbox"/> Described focus on pregnant youth who are homeless</p>		4 points  6 POINTS MAX IF RECEIVE BONUS	
<u><b>Description of Applicant Agency/Eligibility</b></u> <p><input type="checkbox"/> Summarized the agency's structure as it relates to this program</p> <p><input type="checkbox"/> Described ability to provide or coordinate services to youth and young women experiencing homelessness, including examples of current or former programming where applicable</p> <p><input type="checkbox"/> Described capacity of applicant to conduct outreach and convey and provide information and services in culturally competent, trauma-informed, and developmentally appropriate means</p>		8 points	

<b><u>Problem/Need</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified and clearly described local health and service needs to be addressed by this program, including providing available local data</li> <li><input type="checkbox"/> Described weaknesses and gaps in local data</li> <li><input type="checkbox"/> Clearly described segments of the target population who have disproportionate burden of health concern and identifies at-risk groups</li> <li><input type="checkbox"/> Identifies whether service area is primarily urban or rural</li> </ul>		8 points	
<b><u>Methodology: Overall</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified program goals</li> <li><input type="checkbox"/> Identified SMART process</li> <li><input type="checkbox"/> Identified outcome objectives and activities</li> <li><input type="checkbox"/> Indicated how objectives will be evaluated to determine success of program</li> <li><input type="checkbox"/> Included the estimated reach and impact of program in terms of individuals, populations, and geographic areas served.</li> <li><input type="checkbox"/> Described how program activities will address health and wellbeing disparities, especially among at-risk groups</li> </ul>		20 points	
<b><u>Methodology: Deliverable 1</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Described how agency will encourage participation by youth with lived experience in ODH-sponsored workgroup meetings</li> </ul> <p>BONUS: 3 POINTS</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agency identifies youth with lived experience as pregnant and homeless to participate in ODH-sponsored workgroup meetings.</li> </ul>		10 points  13 POINTS MAX IF RECEIVE BONUS	
<b><u>Methodology: Deliverable 2</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Described how agency will identify and engage homeless youth</li> <li><input type="checkbox"/> Described how agency will conduct outreach (methods, settings, etc)</li> <li><input type="checkbox"/> Described how outreach will be conducted in trauma-informed, culturally sensitive, and developmentally appropriate ways (including to low-literacy populations)</li> </ul> <p>BONUS: 3 POINTS</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Described how agency will identify and engage homeless youth who are pregnant</li> </ul>		10 points  13 POINTS MAX IF RECEIVE BONUS	

<b>Methodology: Deliverable 3</b>		10 points	
<input type="checkbox"/> Described expected types of housing costs to be incurred or housing services to be provided  <input type="checkbox"/> Described how services will be delivered in trauma-informed, culturally sensitive, and developmentally appropriate ways			
<b>Methodology: Deliverable 4</b>		10 points	
<input type="checkbox"/> Described expected types of physical and behavioral health costs to be incurred or services to be provided  <input type="checkbox"/> Described how services will be delivered in trauma-informed, culturally sensitive, and developmentally appropriate ways			
<b>Methodology: Deliverable 5</b>		10 points	
<input type="checkbox"/> Described expected types education and employment costs to be incurred or services to be provided  <input type="checkbox"/> Described how agency will assist homeless youth in obtaining state ID cards and certified copies of birth certificates  Described how services will be delivered in trauma-informed, culturally sensitive, and developmentally appropriate ways			
<b>Methodology: Deliverable 6</b>		10 points	
<input type="checkbox"/> Described how agency will work to foster community connections  <input type="checkbox"/> Described what will be included within case management services  <input type="checkbox"/> Described how services will be delivered in trauma-informed, culturally sensitive, and developmentally appropriate ways			
<b>Special Considerations</b>		30 points	
<input type="checkbox"/> Applicant agency will serve a geographic area currently without ODH-funded homeless youth services (see pg 4 for details) 10 points  <input type="checkbox"/> Applicant agency addresses human trafficking 5 points  <input type="checkbox"/> Proposal includes significant outreach and services for homeless youth who are pregnant 15 points			
<b>TOTAL GRANT APPLICATION REVIEWER SCORE</b>			

Additional/General Comments:

\_\_\_\_\_ Recommend Approval

\_\_\_\_\_ Recommend Approval with Special Conditions:

\_\_\_\_\_ Recommend Disapproval