



Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

Date: July 26, 2021

To: Prospective Applicants

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

Subject: Notice of Availability of Funds – Competitive Solicitation for State Fiscal Year 2022 (Ohio Maternal Infant and Early Childhood Home Visiting Program (MIECHV))

The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health announces the availability of grant funds.

Qualified applicants for grant funds under this initiative may be a local, private, nonprofit, university, research institution, community-based, or government entity. Applicants should have specific experience and capacity to successfully complete the project within the requested timeframe as stated in this competitive solicitation.

This is a competitive solicitation. All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF – Appendix A) no later than August 10, 2021, so access to the application via the internet website “ODH Application Gateway” can be established.

To be eligible for funding, all applicant agencies must be 1) a local, private, nonprofit, university, research institution, community-based, or government entity, 2) attend or document in writing prior attendance at Grants Management Information System (GMIS) training and 3) 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 training form must be submitted (Appendix B).

Potential applicants are encouraged to participate in an Information Session to be held via video/conference call on **August 5, 2021** at 1:00 pm. The conference call 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, August 30, 2021**. Applications received after the due date will not be considered for review.

If you have questions, please contact Alicia Leatherman at [Alicia.Leatherman@odh.ohio.gov](mailto:Alicia.Leatherman@odh.ohio.gov).

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

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

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF MATERNAL, CHILD  
and FAMILY HEALTH

Ohio Maternal Infant and Early Childhood Home Visiting Program (MIECHV)  
SOLICITATION FOR FEDERAL FISCAL YEAR 2022  
(10/1/21 – 9/30/22)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding      ☐ Base and Deliverable Funding

Revised 12/02/2019

For grant starts 10/1/2019 and thereafter

## TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose	3
D.	Qualified Applicants	3
E.	Service Area	4
F.	Number of Grants and Funds Available	5
G.	Due Date	6
H.	Authorization	6
I.	Goals	6
J.	Program Period and Budget Period	6
K.	Public Health Accreditation Board Standards	7
L.	Public Health Impact Statement	7
M.	GMIS Health Equity Module	8
N.	Human Trafficking	9
O.	Appropriation Contingency	9
P.	Programmatic, Technical Assistance and Authorization for Internet Submission	9
Q.	Acknowledgment	9
R.	Late Applications	9
S.	Successful Applicants	9
T.	Unsuccessful Applicants	9
U.	Review Criteria	9
V.	Freedom of Information Act	10
W.	Ownership Copyright	10
X.	Reporting Requirements	11
Y.	Special Condition(s)	12
Z.	Unallowable Costs	12
AA.	Client Incentives and Enabler	13
AB.	Audit	14
AC.	Submission of Application	14
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	16
B.	Budget	16
C.	Assurances Certification	17
D.	Project Narrative	17-18
E.	Civil Rights Review Questionnaire – EEO Survey	19
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	19
G.	Public Health Impact	19
H.	Attachment(s)	19
III.	APPENDICES	
A.	Notice of Intent to Apply For Funding	
B.	GMIS Access Request Form	
C.	C1. Deliverable – Objective Descriptions NOT APPLICABLE C2. Deliverable – Objective Allocations Application Review Form NOT APPLICABLE	
D.	Application Review Form	
E.	MIECHV Performance Benchmarks	
F.	Key Driver Diagram	
G.	OCHIDS Data Use Agreement	
H.	Quarterly Report	

## 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, **August 10, 2021** so access to the application via the Internet website "ODH Application Gateway" can be established.

An information session regarding this grant opportunity will occur on **August 5, 2021** at 1:00pm. The session will be held using Microsoft Teams, so video and a call-in option will be available. To receive the Teams link and an appointment please RSVP to Alicia Leatherman at [Alicia.Leatherman@odh.ohio.gov](mailto:Alicia.Leatherman@odh.ohio.gov) by August 3, 2021.

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

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

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

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

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

**C. Purpose:** The Ohio Department of Health will utilize Maternal Infant and Early Childhood Home Visiting (MIECHV) funding to provide evidence-based home visiting (EBHV) services to nearly 1,800 families in twenty-seven counties (27) that have been identified as high-risk through the 2020 MIECHV Needs Assessment.

The purpose of the MIECHV program is to support the delivery of coordinated and comprehensive high quality and voluntary early childhood home visiting services to eligible families. The Health Resources and Services Administration (HRSA) identified the following goals for this program:

- Strengthen and improve the programs and activities carried out under Title V of the Social Security Act;
- Improve coordination of services within at-risk communities; and
- Identify and provide comprehensive services to improve outcomes for eligible families living in at-risk communities.

**D. Qualified Applicants:** All applicants must be a local public or non-profit agency, providing evidence-based home visiting services or an intent to provide evidence-based home visiting services in at least one of the following at-risk counties: Adams, Allen, Athens, Butler, Clark, Coshocton, Cuyahoga, Fayette, Franklin, Gallia, Guemsey, Hamilton, Highland, Jackson, Lawrence, Lucas, Mahoning, Marion, Meigs, Montgomery, Morgan, Muskingum, Pike, Ross, Scioto, Summit and Vinton.

Applicant providers must be affiliated with Healthy Families America (HFA), or Parents As Teachers (PAT) or approved to provide Nurse Family Partnership (NFP) home visiting services or be able to document that the affiliation process is underway.

Applicant agencies must 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).

*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 p.m. on Monday August 30, 2021.**

**E. Service Area:** Counties that have been identified as at-risk include: Adams, Allen, Athens, Butler, Clark, Coshocton, Cuyahoga, Fayette, Franklin, Gallia, Guernsey, Hamilton, Highland, Jackson, Lawrence, Lucas, Mahoning, Marion, Meigs, Montgomery, Morgan, Muskingum, Pike, Ross, Scioto, Summit and Vinton. ODH recognizes that within these counties there are communities and neighborhoods with maternal and child health and communities risk indicators that are higher than state and national averages. It is the objective and intent of the MIECHV program that the most at-risk communities be targeted and served by evidence-based homevisiting providers.

Below is a chart that outlines the number of home visiting slots that will be funded through the MIECHV program.

County	Slots
Adams	15
Allen	42
Athens	25
Butler	80
Clark	132
Coshocton	25
Cuyahoga	175
Fayette	75
Franklin	200
Gallia	18
Guernsey	25
Hamilton	125
Highland	15
Jackson	15
Lawrence	15
Lucas	102
Mahoning	150
Marion	86
Meigs	17
Montgomery	84
Morgan	13
Muskingum	57
Pike	50
Ross	35
Scioto	55
Summit	125
Vinton	40
	1,796

#### **F. Number of Grants and Funds Available:**

Approximately \$6,716,200 will be available to fund up to 27 projects. Applicants may apply to provide evidence-based home visiting services for more than one county. However, ODH intends to only fund one applicant per county. The final awarded amounts will be based on the evidence-based home visiting models being implemented or proposed. Applicants choosing to implement Healthy Families America or Parents As Teachers will be funded at \$3,450 per slot. Applicants choosing to implement Nurse Family Partnership will be funded at \$4,250 per slot.

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

**G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. by Monday, August 30, 2021**. Applications and required attachments received after this deadline will not be considered for review.

Contact Alicia Leatherman at [alicia.leatherman@odh.ohio.gov](mailto:alicia.leatherman@odh.ohio.gov) with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 110 and/or the Catalog of Federal Domestic Assistance (CFDA) Number 93.870.

**I. Goals:**

The Ohio Department of Health, as a grantee for the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program, is seeking to provide evidence-based home visiting to at risk families to support the achievement of positive child and family outcomes. The goals of the MIECHV Program include:

- a. Implementing evidence-based home visiting models that are voluntary and seek to:
  - improve maternal and newborn health;
  - prevent child injuries, abuse and neglect
  - reduce emergency room visits
  - improve school readiness
  - reduce crime and domestic violence
  - improve economic stability; and
  - improve the coordination of services.
- b. Ensuring the provision of high-quality home visiting services to eligible families living in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.
- c. Collaborating with state and local partners to increase access to high quality services.

MIECHV funded providers must:

- Adhere to the fidelity of the evidence-based model selected
- Follow all federal and state statute and rules governing home visiting
- Complete all model and ODH requirements for credentialing, training and minimum qualifications for home visiting staff
- Meet all model and ODH requirements for participant eligibility
- Utilize the Ohio Comprehensive Integrated Home Visiting Data System (OCHIDS) to track all required home visiting activities
- Collaborate with the Central Intake and Referral provider to coordinate referrals and outreach activities
- Maintain at least 85% enrollment capacity of the designated MIECHV funded slots
- Submit all required reports, including a Continuous Quality Improvement project (Key Driver Diagram by January 15, 2022) focused on at least one of the MIECHV Performance Benchmarks
- Participate in all ODH or HRSA required MIECHV activities, including annual program and fiscal monitoring
- Ensure that funding for MIECHV is not supplanting state funding

**J. Program Period and Budget Period:** The program period will begin October 1, 2021 and end on September 30, 2022. The budget period for this application is October 1, 2021 through September 30, 2022.



- K. Public Health Accreditation Board (PHAB) Standard(s):** 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 and PHAB standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health.

The PHAB standards are available at the following website: [http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

- 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. 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, 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:**

- 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; OhioHealth 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:

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

  X   Applicable        Not Applicable to the Ohio Maternal Infant and Early Childhood Home Visiting Program (MIECHV).

**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:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Alicia Leatherman at [Alicia.leatherman@odh.ohio.gov](mailto:Alicia.leatherman@odh.ohio.gov) with any questions.

**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, August 30 at 4:00 p.m.**

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

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. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

**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, Bureau of Maternal, Child And Family Health, Ohio Maternal Infant and early Childhood Home Visiting Program (MIECHV) and as a sub-award of a grant issued by the U.S. Department of Health and Human Services, and the Health Resources Services Administration (HRSA) under the Maternal Infant and early Childhood Home Visiting Program (MIECHV) grant, grant award number 1 X10MC397080100, and CFDA number 93.870."

- 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:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports 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
October 1, 2021-December 31, 2021	January 15, 2022
January 1, 2022- March 31, 2022	April 15, 2022
April 1, 2022- June 30, 2022	July 15, 2022
July 1, 2022 - September 30, 2022	October 15, 2022

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

**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:

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

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

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

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

1. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before **November 5, 2022**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

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

- 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. Travel and meals over the current state rates (see OBM website: <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/obm-shared-services/travel-and-expense-reimbursements/travel-and-expense> 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; and
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

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

**AA. Client Incentives and Client Enablers:**

Client incentives are an *unallowable cost*.

Client Enablers are an *unallowable cost*.

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



**AB. 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.

#### **AC. 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 8.5x11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 10 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
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. 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)

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 pages 12 and 13 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all locability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. 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 **October 1, 2021—September 30, 2022**.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

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

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

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

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

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

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

Base the budget solely upon direct costs.

For further information please see section B2.10 of OGAPP.

**4. 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 and what agency or agencies will provide those services, 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. Provide details about the agency's experience with delivering evidence-based home visiting services and maternal infant health programming. Share the plan for staffing, caseloads and oversight of the home visiting activities.

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.

Evidence of health equity strategies:

- Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 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.
- Identify measurable health equity targets 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 to decrease and/or eliminate health disparities and health inequities.
- 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.

- 4. Methodology:** In narrative form please respond to the items below.
- a. Specify the evidence-based model(s) and curriculum that will be supported by this competitive funding. Explain how this model addresses these issues. Describe how the current affiliation status and relationship with the model developer. If a new entity, describe the timeline and plan for becoming affiliated.

b. Identify at least three community collaborations that do or will ensure that the target number of families will be served and the goals of the MIECHV grant met.

c. Describe how the proposed evidence-based home visiting program will be implemented or expanded. Provide information on the following:

- Plan for recruiting and retaining families especially in target geography or communities of highest needs
- Plan for recruiting, hiring and maintaining diverse and qualified staff or selecting subcontractors who reflects the diversity of the families and communities served
- Plan to maintaining model fidelity for the selected model
- Plan for professional development and training that should include trainings on at least one topic related to health equity (e.g. diversity, equity and inclusion, implicit bias, cultural competence or special populations)
- Plan for selecting a Continuous Quality Improvement Project and/or training or capacity building need for the agency to complete the Key Driver Diagram by January 15, 2022. If applicable, share how past agency performance will inform the selection
- Plan for reviewing MIECHV performance benchmarks

- d. Explain how project spending will be monitored and adjusted to ensure full utilization of the grant funding.
- e. Provide a sustainability plan in the event MIECHV funding becomes unavailable that minimizes the impact to families.

- E. Civil Rights Review Questionnaire — Equal Employment Opportunity (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. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).
- H. 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 the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m.** on or before **August 30, 2021**.

### III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Access Request Form
- C. C1. Deliverable – Objective Descriptions NOT APPLICABLE  
C2. Deliverable – Objective Allocations Application Review Form NOT APPLICABLE
- D. Application Review Form
- E. MIECHV Performance Benchmarks
- F. Key Driver Diagram
- G. OCHIDS Data Use Agreement
- H. Quarterly Report

## Appendix A

### NOTICE OF INTENT TO APPLY FOR FUNDING

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

*ODH Program Title:*

Ohio Maternal Infant and Early Childhood Home  
Visiting Program (MH22)

ALL INFORMATION REQUESTED MUST BE COMPLETED.

### Submission Required

See due date below

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

Reimbursement

Type

Select one of the  
options below:

☐ Monthly

OR

☐ Quarterly

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 Alicia Leatherman [alicia.leatherman@odh.ohio.gov](mailto:alicia.leatherman@odh.ohio.gov) BY August 10, 2021.

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

late will not be accepted.



## Appendix B

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

### GMIS Training, User Access, Access Change or Deactivation Request

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Email Notifications: ☐ Yes ☐ No

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

\_\_\_\_\_

\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

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

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

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

## Appendix D

### Application Review Form

Applicant Organization: \_\_\_\_\_

County(s): \_\_\_\_\_

Reviewer: \_\_\_\_\_

Section	Maximum Score	Comments
<b>Application Submission</b> <ul style="list-style-type: none"> <li>Application for funding was submitted by the due date and was complete with all attachments.</li> <li>Formatting requirements met:               <ul style="list-style-type: none"> <li>Properly labeled</li> <li>1.5 spacing with 1-inch margins</li> <li>Program and budget narrative are in Portrait orientation on 8.5 x 11 paper</li> <li>All pages numbered</li> <li>Program Narrative do not exceed 10 pages</li> <li>12-point font</li> </ul> </li> </ul>	5	
<b>Budget and Budget Narrative</b> <ul style="list-style-type: none"> <li>Only allowable expenses were included in the budget and budget narrative (10).</li> <li>Justifications were provided for each proposed expense (10).</li> <li>Specific functions were described for personnel, consultants and collaborators (10).</li> <li>Expenditures are reasonable for carrying out the activities in the grant (10).</li> </ul>	40	
<b>Description of Applicant Agency</b> <ul style="list-style-type: none"> <li>Agency has experience providing evidence-based home visiting.</li> <li>Agency has experience delivering maternal and child health programming.</li> <li>Staff and caseload plans align with model.</li> <li>Agency has ability to communicate effectively with multiple audiences.</li> </ul>	10	
<b>Problem/Need Statement</b> <ul style="list-style-type: none"> <li>Local data were provided to describe the current issues being addressed in this program (5).</li> <li>The target population was clearly stated and aligns with MIECHV's definition of at-risk (5).</li> <li>Target population included victims of human trafficking (5).</li> <li>Health equity strategies were addressed and linked to local, state or national planning documents (10).</li> </ul>	25	

<p>Methodology</p> <ul style="list-style-type: none"> <li>• Evidence based models and curriculum aligns with the goals of the applicant (5).</li> <li>• Affiliation is in place or significantly underway with model developer (5).</li> <li>• Applicant provided three examples of community collaborations (5).</li> <li>• Applicant's plans for implementation and expansion are clear and adequate (20).</li> <li>• Applicant has a process in place to review spending to fully utilize the MIECHV grant (5).</li> <li>• A sustainability plan has been provided with clear understanding of the impact to families (5).</li> </ul>	50	
<p>Attachments/Requirements (all or no points)</p> <p>The following attachments were all submitted in GMIS with the application:</p> <ul style="list-style-type: none"> <li>• Public Health Impact Statement or Program Summary (if applicable)</li> <li>• Federal Funding Accountability and Transparency Form (FFATF)</li> <li>• Ohio Comprehensive Integrated Home Visiting Data System (OCHIDS) Data Use Agreement</li> <li>• Indirect Cost Rate Agreement (if applicable)</li> </ul> <p>The following GMIS requirements were completed:</p> <ul style="list-style-type: none"> <li>• Assurances Certification</li> <li>• Health Equity Module</li> <li>• Equal Employment Opportunity Survey</li> </ul>	5	
<p>MIECHV Experience</p> <p>The applicant agency has previously implemented the MIECHV program in Ohio (add one point for each continuous year)</p>	Up to 10	
Maximum Points	145	

## Appendix E

### MIECHV Performance Benchmark Areas and Associated Measures

Benchmark Areas	Associated Measures
I. Maternal and Newborn Health	<ul style="list-style-type: none"><li>○ Preterm Birth</li><li>○ Breastfeeding</li><li>○ Depression Screening</li><li>○ Well Child Visit</li><li>○ Postpartum Care</li><li>○ Tobacco Use</li></ul>
II. Child Injuries, Maltreatment and Reduction of Emergency Department Visits	<ul style="list-style-type: none"><li>○ Safe Sleep</li><li>○ Child Injury</li><li>○ Child Maltreatment</li></ul>
III. School Readiness and Achievement	<ul style="list-style-type: none"><li>○ Parent-Child Interactions</li><li>○ Early Language and Literacy Activities</li><li>○ Developmental Screening</li><li>○ Behavioral Concerns</li></ul>
IV. Crime or Domestic Violence	<ul style="list-style-type: none"><li>○ Intimate Partner Violence (IPV) Screening</li></ul>
V. Family Economic Self-Sufficiency	<ul style="list-style-type: none"><li>○ Primary Caregiver Education</li><li>○ Continuity of Health Insurance</li></ul>
VI. Coordination and Referrals	<ul style="list-style-type: none"><li>○ Completed Depression Referrals</li><li>○ Completed Developmental Referrals</li><li>○ Intimate Partner Violence (IPV) Referrals</li></ul>

**SMART Aim**

Type SMART aim here...

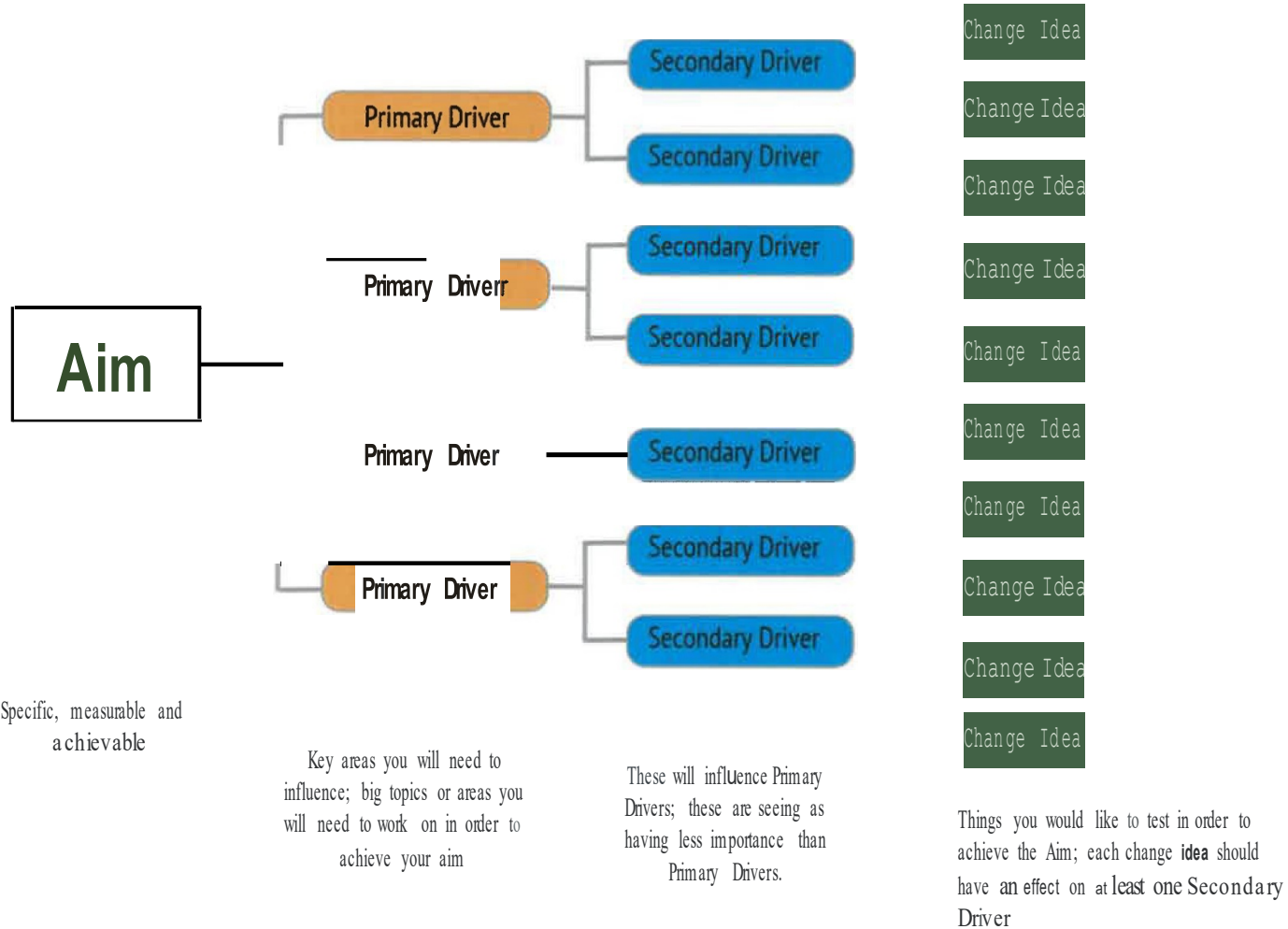


**Primary Drivers**

Driver 1:



**Change Ideas**



## Help Me Grow Home Visiting OCHIDS Data System User Agreement

Instructions: Complete this form and send with required attachments to your Home Visiting Program Consultant to obtain access to the Ohio Comprehensive Home Visiting Integrated Data System (OCHIDS).

### Personal Information

Name:		Agency Name	
Agency Street Address:		Agency City:	
Agency Zip	Work Email:		
Job Title:		Date of Hire:	
OPIN ID:		Work Phone Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Highest Completed Education:	
Race: <b>Select One</b>		Ethnicity: <b>Select One</b>	

Additional Language Preferences (List all):

Please select one of the following and include your license/certification number, if applicable

☐ Registered Nurse – License Number \_\_\_\_\_

☐ Licensed Social Worker – License Number \_\_\_\_\_

☐ Licensed Teacher – License Number \_\_\_\_\_

☐ Certified Community Health Worker – Certification Number \_\_\_\_\_

☐ Other/Non-Licensed

Home Visitor Credential (if applicable) <ul style="list-style-type: none"> <li>Issue Date: _____</li> <li>Expiration Date: _____</li> </ul>	Supervisor Credential (if applicable) <ul style="list-style-type: none"> <li>Issue Date: _____</li> <li>Expiration Date: _____</li> </ul>
Certified Community Health Worker (if applicable) <ul style="list-style-type: none"> <li>Issue Date: _____</li> <li>Expiration Date: _____</li> </ul>	Other: _____ <ul style="list-style-type: none"> <li>Issue Date: _____</li> <li>Expiration Date: _____</li> </ul>

### Type of Access Requested

Program: <b>Select One</b>	Model: <b>Select One</b>	County:	Role Requested: <b>Select One</b>
Select One	Select One		Select One
Select One	Select One		Select One
Select One	Select One		Select One
Select One	Select One		Select One

### Code of Responsibility for Security and Confidentiality

An authorized user's conduct may threaten the security and confidentiality of this information. It is the responsibility of every user to know and understand the following:

1. Users must not perform or permit unauthorized use of any information in OCHIDS.
2. Users may not exhibit or divulge the contents of any record except as permitted under Ohio Revised Code and Ohio Administrative Code.
3. Users must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
4. Users must not remove or cause to be removed any copies of records from OCHIDS except in the performance of their home visiting or community health worker duties.
5. Users must not divulge or share security codes or user authorizations.
6. Users must not violate rules and regulations concerning OCHIDS access or improperly use passwords and user authorizations.
7. Users must not access, request others to access, or allow others to access OCHIDS for non-ODH supported activities.
8. Users must not seek to benefit personally or permit others to benefit personally by any confidential information in OCHIDS.
9. Users must not aid, abet, or act in conspiracy with another to violate any part of this code.
10. Authorization for access to OCHIDS terminates when a user's employment is terminated or when access to the data is not required for work related responsibilities.
11. Both the individual user and the agency by which they are employed have an obligation to protect the confidentiality and security of the information in OCHIDS.
12. Users must report any violations of this OCHIDS confidentiality and security code to the ODH Home Visiting Administrator immediately.
13. Users must participate in ODH-sponsored data collection training, as required.

### Required Signatures

I have read and understand the OCHIDS Code of Responsibility for Security and Confidentiality of Ohio Early Childhood Home Visiting Data. I will abide by this code and will protect all home visiting, community health worker and OCHIDS records as confidentiality.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the information on this form and find it to be correct to the best of my knowledge. The user requesting access to OCHIDS is either employed by, contracted by, or otherwise performing work at the request of the Ohio Department of Health, and has need for access to the system. I understand that the user will have access to personally identifiable public health information and agrees to be bound by all appropriate confidentiality agreements.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized ODH Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**Purpose:** The Ohio Department of Health Help Me Grow Home Visiting Program (HMG HV) requires submission of the *Help Me Grow Home Visiting Program Contractor Quarterly Report* as part of the Provider Agreement (PA). This report informs the HMG HV Program Consultants and ODH management on how to assist with appropriate technical assistance to local contractors. It also provides a mechanism for reporting implementation details and successful strategies/best practices with ODH.

**Instructions:** Complete this form and submit electronically to your respective HMG HV Program Consultant. For the first submission, please answer all questions from the effective date of your PA. For subsequent submissions, update as needed.

Period	Report Due Date
October 1, 2021-December 31, 2021	January 15, 2022
January 1, 2022- March 31, 2022	April 15, 2022
April 1, 2022- June 30, 2022	July 15, 2022
July 1, 2022 - September 30, 2022	October 15, 2022

**Agency Name:** \_\_\_\_\_ **Contract Manager:** \_\_\_\_\_

**Reporting Period:** *from* \_\_\_\_\_ *to* \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_

### Staffing

*(Report the following staffing information for this reporting period)*

How many home visitors are currently employed? (List each HV with FTE)	
How many HV supervisors are currently employed? (List each supervisor with FTE)	
How many other staff supports the HMG HV program? (List each staff, FTE and roles)	
List all currently vacant positions and describe plan and timelines to fill these positions.	
List (name and role) of all credentialed staff whose credential is up for renewal in the next reporting period:	
Describe how your program supports and monitors supervision (reflective, administrative and field).	

### Organizational Coordination Outreach and Referral

*(List all agencies that you have a relationship with, including those with funding agreements and those with whom you have less formal arrangements (i.e., partners on a collaborative workgroup, memorandum of understanding (MOU), etc.)*

Name of agency, contact information, and name of specific contact person	Date if MOU or other formal agreement (if applicable)	Do you refer to this agency?	Does this agency refer to you?	Brief description of organization, nature of relationship, types of services provided, and any shared funding or resources (in kind, facilities, etc)

Are there any organizations that you would like to partner with but have not yet? Please describe the group, whether you have a plan for collaborating in the future, as well as any challenges to collaboration with this organization.

Are there community leaders that you have engaged? Please describe their role, how you have established this relationship and how you maintain this relationship.

Describe and attach any outreach materials you have developed and implemented for the program. Include a description of the materials intended audience, purpose and distribution plans.

Describe all targeted program and participant outreach activities conducted for this reporting period. Include targeted communities, staff involved, venues, challenges, strategies to overcome challenges, and outcomes. Identify any future outreach plans for the next reporting period.

Describe how your agency leadership supports the Help Me Grow Home Visiting Program

### Evidence-Based Home Visiting Model Affiliation

*(Report the following EBHV information for this reporting period)*

What EBHV model are you implementing?	
Is your EBHV model affiliation current?	
Have all EBHV model fees been paid?	
Have you consulted with the EBHV national office to request model fidelity TA or with any other questions? What TA was requested? Did you receive the TA needed?	
Is all staff trained in the EBHV model being implemented? If no, what is your plan to have all staff trained?	
What research-based parenting education curriculum are you implementing?	
Is all staff trained in the research-based parenting education curriculum being implemented? If no, what is your plan to have all staff trained?	
Provide any other relevant updates or comments for this reporting period regarding EBHV model affiliation and/or research-based parenting education curriculum.	

### Program Narrative & Planning:

*(Describe the status of program implementation of the HMG HV program related components such as staff recruitment and professional development, supervision, referral/outreach progress, participant enrollment/retention, home visiting service delivery, Early Track data system, billing and payments)*

Successes	Challenges and Barriers	Strategies to Overcome Challenges/Barriers
Provide any other relevant updates or comments for <b>this</b> reporting period:		
Describe any <i>Continuous Quality Improvement</i> processes or strategies being implemented:		
List major activities planned or goals for the <b>next</b> reporting period:		

**Technical Assistance/Training Needs:**

*(Describe areas where improved knowledge and skills for staff are needed and indicate technical assistance and/or trainings that would meet these needs and relate to program implementation)*

Identified Needs	Technical Assistance Request	Training Request

**Family Success Story:**

*(Describe how your staff and/or home visiting program positively affected the lives of HMG HV participants after enrollment commenced. Please provide specific examples and preserve confidentiality of participants by not identifying participants using any identifiable information)*