



Date: 3/24/2022

To: Prospective Applicants

From: Dyane Gogan Turner ⁰⁹⁷
Maternal, Child and Family Health
Ohio Department of Health

Subject: Notice of Availability of Funds – Competitive Solicitation for State Fiscal Year 2023
(Disparities in Maternal Health Community Grant Program)

The Ohio Department of Health (ODH), 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. Additionally, subrecipient(s) should have experience in the following areas: addressing health disparities, racial disparities, maternal health, infant mortality reduction, and social determinants of health.

This is a competitive solicitation. **All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF – Appendix A) no later than March 30, 2022**, 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 conference call on **Monday, March 28, 2022 from 10:00 AM to 11:00 AM**. 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 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, May 2, 2022**. Applications received after the due date will not be considered for review.

If you have questions, please contact Reena Oza-Frank at 614-466-4626 or e-mail at Reena.Oza-Frank@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF [Data and
Surveillance]
BUREAU OF [Maternal, Child,
and Family Health]

[Disparities in Maternal Health Community Grant Program]
SOLICITATION FOR FISCAL YEAR 2023
(10/01/22 – 09/29/23)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 2/4/2022
For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and 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, [March 30, 2022] so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

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

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

Budget Justification Certification language

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

B. Application Name: Disparities in Maternal Health Community Grant Program

- C. Purpose:** [In Ohio, an average of 21 women die each year because of pregnancy or delivery complications, a chain of events initiated by pregnancy, or aggravation of a condition by the physiologic effects of pregnancy. Findings from the Ohio Department of Health's (ODH) Maternal Mortality Review Committee (MMRC), called the Pregnancy-Associated Mortality Review (PAMR), indicate that more than half of these deaths are preventable. PAMR uses a maternal mortality review process by which a state-level, multidisciplinary committee identifies and reviews cases of death within one year of pregnancy. The goals of PAMR are to identify and review all pregnancy-associated deaths in Ohio, abstract clinical and non-clinical data into the Maternal Mortality Review Information Application (MMRIA), identify underlying risk factors and gaps in care, enter committee decisions into MMRIA, and make recommendations for systems change to reduce preventable pregnancy-related deaths.]

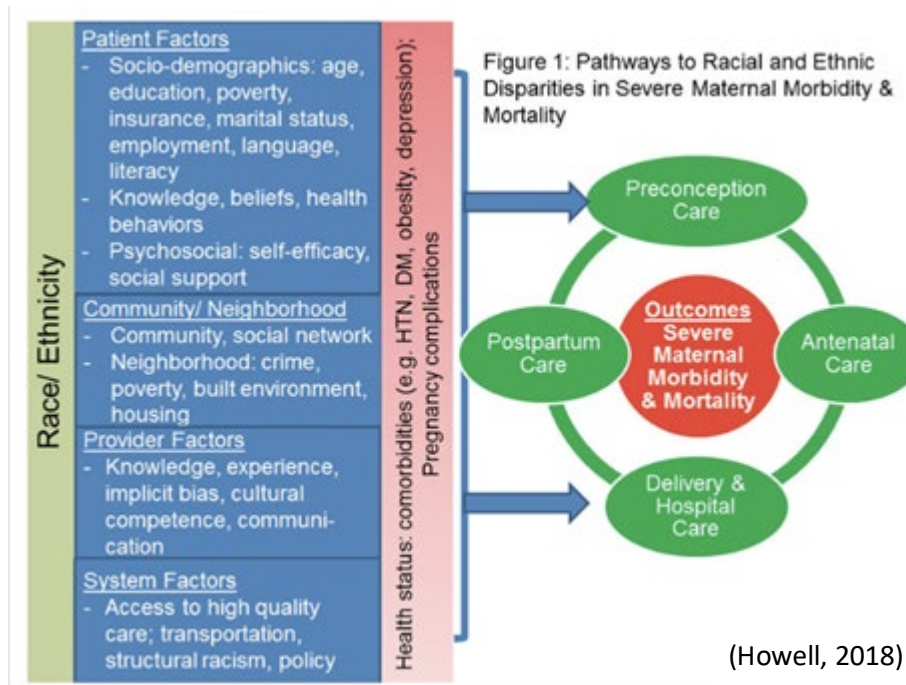
Racial/Ethnic Disparities in Maternal Mortality

Maternal death disproportionately affects non-Hispanic black women both in the U.S. and in Ohio. Non-Hispanic black women are more than 2.5 times as likely to die from a pregnancy-related death than non-Hispanic white women in Ohio. The pregnancy-related mortality ratio for non-Hispanic black women in Ohio was 29.5 deaths per 100,000 live births compared to 11.5 deaths per 100,000 live births for non-Hispanic white women from 2008 to 2016. Hemorrhage, pre-eclampsia and eclampsia, and amniotic fluid embolism were underlying causes for slightly more non-Hispanic black pregnancy-related deaths than non-Hispanic white pregnancy-related deaths in Ohio. Though it is important for surveillance purposes to identify and monitor the clinical causes of maternal mortality, viewing pregnancy-related deaths from strictly a physiological perspective fails to address the intersectionality of social determinants of health and life experiences that interact to impact health outcomes.

Different life experiences adversely impact maternal health outcomes among black women compared to white women. Black women experience a higher rate of chronic disease, have unequal access to health care services, health insurance, prenatal care, and experience institutional racism when compared to white women in the US. From implicit bias and discrimination from healthcare providers, to lower quality of care from entire hospital systems, these injustices occur at all levels of influence throughout the lifetime of black women and persist as they seek maternity and obstetric care. The stress, inequities, discrimination, and bias black women experience throughout their lifetime compound and manifest in the form of harmful and even deadly health outcomes.

In order to work toward eliminating disparities in maternal health among black women, initiatives,

programming, and projects must view this public health program through an intersectional and socioecological lens. Figure 1 below depicts Howell's (2018) conceptual model that describes the interactions of both the clinical and social factors that lead to maternal health outcomes (p. 16). The model demonstrates how the race/ethnicity of a woman directly influences the social determinants of health that she experiences, such as her education, the neighborhood she lives in, her access to culturally appropriate care, and exposure to structural racism. Subsequently these social determinants of health have the potential to positively or negatively impact her overall health, disease status, and well-being before, during, and after pregnancy. This figure provides a visual depiction of the interrelatedness of social determinants of health and maternal health outcomes and offers a way of conceptualizing why black women in the Ohio and the U.S. experience pregnancy-related deaths more than white women.



Socioeconomic and Geographic Disparities in Maternal Mortality

Similarly, maternal health in rural and Appalachian regions of Ohio suffers in comparison to the general population. In Ohio, 38% of the counties belong to the Appalachian Regional Commission. Barriers that are often present in rural regions of the state, such as lack of transportation to healthcare visits, inability to pay for prenatal care due to high poverty rates, and biases from healthcare providers, can prevent women from seeking necessary care to diagnose and treat potential health risks that could negatively impact maternal outcomes. Residents living in the Appalachian region of Ohio often live in maternity care deserts and Health Professional Shortage Areas (HPSA), requiring some residents to drive two to three hours one-way in order to access the healthcare services they need. One study revealed that nearly 9% of rural counties in the U.S. experienced closures in local hospitals that provided obstetric services in the years of 2011-2014, with approximately 45% of rural counties never having any obstetric services to begin with.

The poverty rate in rural areas of Ohio is 13.6% compared to 13.9% in urban areas. Twelve percent of the population in rural Ohio did not complete high school, whereas in urban Ohio 9.3% did not complete high school. In Ohio, Medicaid offers programs for children, pregnant women, and families with limited income to get health care and from 2008-2016, women insured by Medicaid were 2.4 times as likely to die from a pregnancy-related cause compared to those with private insurance. Low-income women have been shown to experience depression, obesity, cigarette smoking, chronic high blood pressure, and diabetes more often than the general population, all of

which are serious risk factors for life-threatening pregnancy complications. As Figure 1 shows, both clinical and social factors, such as lack of access to appropriate levels of maternity care due to geographic isolation, poverty, and the presence of pre-existing health conditions, compound to decrease maternal health outcomes for those living in rural and Appalachian regions of the state.

References:

- [The Impact of Hospital Obstetric Volume on Maternal Outcomes in Term, Non-Low-Birthweight pregnancies](#)
- [Ohio Rural Healthcare Facilities and Social Determinants of Health](#)

Objectives

The selected subrecipients will be awarded funding to implement innovative and culturally humble initiatives to address racial/ethnic and/or geographic health disparities related to maternal health in Ohio. It is important to uplift the voices of the communities most likely to experience disparities in maternal mortality/morbidity and to support the existing and new interventions in these communities that show promising outcomes. This solicitation seeks to fund solutions identified by communities to address unmet needs through a disparity-focused, equity lens. Thus, applications that seek to reduce disparities in maternal health through **one** of the following approaches will be prioritized.

The list below outlines **potential** initiatives and interventions that may be implemented using funds from this competitive solicitation. Please Note: Applicants are **NOT** required to use the funds to accomplish all of the following initiatives in the list below. The list below intends to describe the broad range of **possible** initiatives or interventions applicants may propose in their application.

1) Initiation of a NEW evidence-based intervention.

- New interventions may include the following to connect target population with community resources, to provide individual-level health promotion and health behavior education, to improve evidence-based determinants of maternal health, to build capacity (e.g. leading policy/advocacy efforts, civic engagement, or other technical skills) of local leaders, or increase access to quality healthcare to populations most vulnerable to disparities in maternal health.

OR

2) Continuation of EXISTING programs or interventions that have demonstrated success in addressing determinants of maternal health.

- Potential programs/intervention can include connecting target population with community resources, providing individual-level health promotion and health behavior education, improving evidence-based determinants of maternal health, building capacity (e.g., leading policy/advocacy efforts, civic engagement, or other technical skills) of local leaders, or increasing access to quality healthcare to populations most vulnerable to disparities in maternal health. Application must explicitly justify selection of target population to receive the intervention and why they are at risk for maternal morbidity/mortality. Interventions must target appropriate health indicators related to social/clinical determinants of health (See Figure 1; E.g., employment, food insecurity, housing, home visiting, mental health, education, literacy/language, incarceration, social support, access to care, crime/violence, transportation, other).

D. Qualified Applicants: [Applicants may be a local, private, nonprofit, university, research institution, community-based, or government entities. 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 selected subrecipient(s) should have specific experience and capacity to successfully complete the project within the requested timeframe as stated in this competitive solicitation. Additionally, subrecipient(s) should have experience in the following areas: addressing health disparities, racial disparities, maternal health, infant mortality reduction, and/or social determinants of health. **If applicant agency is not a community-based organization, it is strongly suggested that the applicant agency collaborates with a community-based organization with identified ties to the community they propose to reach.]**

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 May 2, 2022.**
4. Applicant must demonstrate experience meeting deadlines and successful completion of meeting deliverables over the past three years.
5. Applicant must provide one example of experience completing a project specifically working with maternal health with a focus on geographically (urban and rural) and demographically diverse populations.

E. Service Area: Service areas will be determined by subrecipients using data to describe and justify geographic/demographic area to be served at a census tract(s)/neighborhood level. Applicant must provide a plan for implementation of the activities to occur with a focus on impact and equity. Applicants are encouraged to use the [Ohio Department of Health Ohio Health Improvement Zones Mapping Tool](#) to specify census tract areas to be served using the Social Vulnerability Index.].

F. Number of Grants and Funds Available: The source of funds supporting this program is Federal. Two (2) subrecipients will be selected for a one (1) year agreement. Continuing solicitation agreements may be awarded in subsequent years, pending successful completion of competitive solicitation requirements during initial funding year and funding availability. Subrecipient awards will be based on submitted proposals as scored in the proposal evaluation conducted by ODH/State of Ohio.

The one-year funding total will not exceed \$212,180.00, with \$106,090.00 per awardee.

Facilities and Administrative (F&A) costs must be capped at 25%.

Payment will not be released until expenditure reports and deliverable completion is explicitly demonstrated.

Subrecipient recognizes that certain services covered in this solicitation are vital to ODH and must be continued without interruption. Subrecipient shall be prepared to continue providing such services identified by ODH, during periods of disaster, crisis, or other unexpected break in services based upon a Business Continuity Plan.

Any interested parties conference call will be held on March 28, 2022 from 10:00 am – 11:00 am. Call-in information is as follows: 614-721-2972 and meeting ID number (722 366 623#).

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 or via ground delivery at Reena Oza-Frank, 246 N. High St., 3rd Floor, Columbus, OH 43215 by **4:00 p.m. by Monday, May 2, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Reena Oza-Frank, 614.466.4626 or Reena.Oza-Frank@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 93.478 Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees*.

- I. Goals:** The Ohio Department of Health is soliciting applications to implement innovative initiatives to produce direct, measurable improvements in maternal health outcomes. All proposed initiatives must address known drivers of inequities.

Potential programs/interventions may include but are not limited to: Connecting target populations with community resources, providing health promotion and health behavior education, improving evidence-based determinants of maternal health, building capacity (e.g. leading policy/advocacy efforts, civic engagement, or other technical skills) of local leaders, or increasing access to quality healthcare for populations most vulnerable to maternal morbidity/mortality.

The goal of this grant is to fund initiatives and interventions specifically targeting maternal health disparities in Ohio. Applicants are encouraged to seek funding for projects that fill a gap in communities most at risk for experiencing maternal morbidity/mortality. Through this solicitation, ODH intends to allow the subrecipient flexibility and autonomy to address health disparities at the community level in ways that are authentic to the needs of that community. The deliverables set forth in this solicitation are intentionally broad to allow a variety of initiatives/interventions to be funded. The deliverables are modeled after the 4 primary phases of program planning and evaluation that every evidence-based initiative should follow. The expectation is that the applicant shall propose explicit project goals and objectives, and explicitly describe how they will successfully accomplish the deliverables set forth in this solicitation in Appendix C1 in their applications. **Be sure to include regular communication, invoicing, and meetings with ODH project manager as activities to accomplish deliverable 1 in the proposal.**

- J. Program Period and Budget Period:** The program period will begin October 1, 2021 and end on September 29, 2024. The budget period for this application is October 1, 2022 through September 29, 2023.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)] The PHAB standards are available at the following website:

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 achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

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

determinants of health) associated with health disparities and health inequities.

- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf). <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

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

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

Racial and ethnic minorities, those living in rural communities, 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, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a 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**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. 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.

[☐ Applicable ☒ Not Applicable to Disparities in Maternal Health Community Grant Program]

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

O. 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 Reena Oza-Frank, 614.466.4626 or Reena.Oza-Frank@odh.ohio.gov.

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

Q. 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, May 2, 2022 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.**

R. 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.

S. 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/her designee, shall be sent to the unsuccessful applicant.

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

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

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that

information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services.

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

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, PAMR Program and as a sub-award of a grant issued by The Ohio Department of Health under the Disparities in Maternal Health Community Grant Program grant, grant award number [grant award number], and CFDA number [CFDA number].

This [project/publication/program/website] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC, HHS or the U.S. Government.”

- W. 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 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 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023

March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 29, 2023	October 10, 2023

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

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

Period	Report Due Date
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 29, 2023	October 10, 2023

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

Period	Report Due Date
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023
July 1 – September 29, 2023	October 10, 2023

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

- a. 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 5th, 2023.

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.

X. 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.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
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
 - 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)
 12. Attachments as required by Program: Applicant Workplan

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, 4th Floor
35 E. Chestnut
Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page [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 budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS and will be emailed to all parties that submit a NOIAF).
2. **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period [October 1, 2022 to September 29, 2023.]

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:** [Provide overview of the proposed activities to be funded by this solicitation. Please include the following:
 - Identify the target population.
 - Describe the burden of health disparities and health inequities on the target population.
 - Identify the services, initiatives, or programs to be offered by this program.
 - Which agency or agencies will provide those services?
 - Describe the public health problem(s) that the program will address.
 - Summarize goals and objectives of project.
 - Use available data to justify the population of focus and geographic area to be served.]

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 accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This

includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- [National CLAS Standards](#).
- [ADA Standards for Effective Communication](#)

Please also include the following details:

- Describe the applicant agency's experience and readiness to manage a project that improves maternal health outcomes and inequities in the population.
- If applicable, describe the educational, professional, and/or lived experiences of each team member and how it prepares them to successfully complete this work and specify the role they play on the team.

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

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

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

- Identify how the proposed project will fill gaps that exist that have prevented reduction of racial/ethnic disparities in maternal health
- Explicitly describe segments of the target population who experience a disproportionate burden for poor maternal health outcomes; or who are at an increased risk for poor maternal health outcomes.
- Include a description of other agencies/organizations, in your area also addressing health disparities in maternal health. Explain if/how data will be shared with partner organizations to impact maternal health outcomes. Attention must be given to ensure work is not duplicative of the projects already being completed in the community of interest. Discuss how efforts will be coordinated and synergized with other partners working in the maternal health space.
- Describe how subrecipient's proposed project may collaborate, compliment, or uplift existing initiatives.

- 4. Methodology:** In narrative form include a methodology section that includes subsections related to:

- **Evidence for success & potential barriers:**
 - Discuss the evidence that supports the proposed initiative/project and demonstrate

effectiveness with your proposed target population. If evidence is limited, provide other information or rationale to support your proposal.

- Explicitly describe why and how your program will lead to improved maternal health and reduction of disparities in maternal health among your target population.
- Describe potential barriers to implementing your program (if applicable) and how they could be addressed.
- **Data collection/management:**
 - Describe plan for data collection (if applicable).
 - Specify measures or instruments to be used (if applicable).
 - Describe methodology for data analysis to measure impact of interventions (if applicable).
- **Evaluation:**
 - Identify the program goals and SMART objectives. SMART objectives should align with deliverables set forth by ODH in this solicitation.
 - Indicate how they will be evaluated to determine the level of success and impact of the program.
 - Subrecipients must submit a **program workplan with their application**.
- **Incentives and barrier removals:** If applicant is requesting to use the funds for incentives and/or barrier removals, please note the following:
 - Incentives: Allowable incentives include gift cards, diapers, and baby wipes. If requesting incentives, please describe:
 - Total funding amount requested to support all incentives.
 - Type(s) of incentive(s). (Ex. gift card, diapers, etc.)
 - Justification demonstrating that the total budgeted amount of proposed incentives is reasonable.
 - Limits or allowances provided to each participant.
 - Reason for needing incentives or impact if incentives are not used.
 - Minimum tracking requirements for incentives:
 - List of all incentives, including gas/gift cards.
 - 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.
 - Gift/gas cards - log must contain the card number, date given, client name, signature and name of staff providing incentive.
 - Barrier removals: Supported barrier removals should be a local last resort. All other available resources should be sought and expended prior to utilizing these funds for barrier removals. Allowable barrier removals include and are limited to gas cards, transportation assistance, utility assistance, housing rental assistance. Additional barrier removals that support access to prenatal, postpartum, and infant care must receive prior approval from ODH.
 - Requested barrier removals should be organized in accordance with the Healthy People 2020 (HP2020) five key areas of social determinants of health: economic stability, education, social and community context, health and health care and neighborhood and built environment. Each of these five domains reflects a number of key issues that make up the underlying factors in the arena of SDOH.
 - The proposed barrier removal in each domain must be clearly defined.
 - Ex. Transportation assistance will be insufficient. An applicant

must describe the exact methods of proposed transportation assistance for approval by ODH. The same concept applies to housing assistance. ODH must clearly know and approve what form of assistance will be provided for all proposed barrier removals.

- Provide the estimated total amount of each proposed barrier removal domain.
- Goals, impacts, and needs of providing barrier removals.
- If the same type of barrier removal assistance is expected to be provided more than once per individual (e.g., rent, etc.), describe how sustainability for the recipient will be ensured once no longer receiving assistance.
- Limits or allowances provided to each participant.
- How barrier removals will be used to fill gaps in services provided by other agencies.
- Total funding amount requested to support all barrier removals.
- Justification demonstrating that the total budgeted amount of proposed barrier removals is reasonable.
- Describe the internal process for documenting clients' needs and the corresponding barrier removal.
 - Information provided in the application should include the local policy or procedure used to ensure the validation of the need and corresponding barrier removal.
 - Ex. Rental assistance: How is the applicant validating the need for rental assistance? How is the applicant ensuring rental assistance is applied to a fair rental price and is being paid to an appropriate party? procedure used to ensure the validation of the need and corresponding barrier removal.
 - Minimum tracking requirements for barrier removals:
 - Recipients of barrier removals must sign a statement acknowledging the receipt of the barrier removal and agreeing to the purpose(s) of the barrier removal.
 - Subrecipients are required to maintain a log of all client barrier removals purchased and distributed.
 - Must include date provided, client name, amount of barrier removal, barrier removal provided (e.g., rent, utility assistance, etc), signature and name of staff providing barrier removal.
 - Gift/gas cards – log must include above information in addition to card number.

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. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments 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 [May 2, 2022]**.

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Deliverable – Objective Descriptions
- D. Application Review Form
- E. Workplan Template and Guidance

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of [Maternal, Child, and
Family Health]

ODH Program Title:

[Disparities in Maternal Health Community Grant
Program (DM23)]

Submission Required

See due date below.

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

Reimbursement
Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Reena.Oza-Frank@odh.ohio.gov BY [March, 30 2022].

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 & Email: karen.tinsley@odh.ohio.gov

Appendix C

Name of Subgrant Program:

Disparities in Maternal Health
Community Grant Program

Budget Period: October 1, 2022

- September 29, 2023

of Deliverables: 4**Use Budget Justification Scenario #:** 1

 X Deliverables Only

Deliverable — Objective 1: Grant Administration

By September 29, 2023, grantee will complete all administrative tasks and report necessary project progress, data, and updates to ODH.

- List objectives and activities to be completed to achieve each deliverable and total cost for each deliverable in workplan template. Must include incentives and barrier removals if applicable.
- Submit final work plan to ODH no later than 30 days after NOA. Must use template provided in Appendix E of this solicitation. Must include all grant administration activities in the workplan (e.g., monthly calls with ODH, monthly report submissions, expenditure report submissions, final program report submission, etc.)
- Submit written monthly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables. Template to be provided by ODH.
- Participate in meetings via conference call quarterly with ODH to discuss progress. Conference calls may occur more or less frequently as determined by subrecipient and ODH.
- Submit final program report detailing project milestones, accomplishments, outcomes, evaluation results, and findings. Template to be provided by ODH.

Deliverable — Objective 2: Program Planning

By March 31, 2023, grantee will develop and plan an evidence-based initiative focused around decreasing health disparities within their community level.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective. If incentives or barrier removals are used, they must be explicitly reported.

Deliverable — Objective 3: Implementation and Evaluation

By September 29, 2023, grantee will implement and evaluate an evidence-based initiative focused around decreasing health disparities at the community level.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective. If incentives or barrier removals are used, they must be explicitly reported.

Deliverable — Objective 4: Dissemination

By September 29, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented evidence-based initiative focused around decreasing health disparities at the community level.

- Explicitly list objectives and activities subrecipient will complete to successfully accomplish this deliverable. Specific activities to meet this deliverable will be based on approved workplan activities.
- List objectives and total cost for each objective. If incentives or barrier removals are used, they must be explicitly reported.

Appendix D

Disparities in Maternal Health Community Grant Program Ohio Department of Health SFY 2023 Application Review Form

Reviewer: _____ Date: _____ Agency: _____ Funding: _____

Only those applicants that score a minimum of 29 points will be considered for funding.

Each application will be evaluated on the four sections below: 1) Project Narrative, 2) Workplan, 3) Budget Justification, and 4) General Application Components. The workplan evaluation section of this review form is based on the four deliverables included in the competitive solicitation (Appendix C). Each item in the sections below should be scored on a scale of 0-3.

0= Does not meet expectations

1= Weak

2= Meets expectations

3=Exceeds expectations

Section	Meets Expectations (If applicant were to score 2 points for each section)
1.) Project Narrative	11
2.) Workplan	12
3.) Budget Justification	4
4.) General Application Components	2
Minimum Score:	29

1) Evaluation of Project Narrative Applications to be scored based on the extent that the applicant agency provided an executive summary of the purpose, description of applicant agency, description of the problem/need, and methodology for this project. Requirements are included in section D of this solicitation.	Weight	Score (0-3)	Weighted Score (Weight x Score)	Special Conditions/Comments
The Executive Summary section provided: <ul style="list-style-type: none"> The target population. Services and programs to be offered. What agency or agencies will provide those services. Burden of health disparities and health inequities. The public health problem(s) that the program will address. Goals and objectives of project. Uses available data to justify the population of focus. (geographically/racially/ethnically) 	X1			

Description of Applicant Agency section included: <ul style="list-style-type: none"> • Applicant agency and agency(ies) that will provide services. • Applicant agency demonstrated that they meet all requirements as specified in this solicitation (pages 5-6). • Agency's ability to successfully complete work outlined in application (Including but not limited to experience with target population, ability to successfully engage with and elicit buy-in from target population, ability to complete deliverable due dates, experience completing projects similar in size and scope as proposed, and relevant educational/professional/lived experiences of the team members). 	X1.5			
Problem/Need section included: <ul style="list-style-type: none"> • Thoroughly described public health problems that this project will address. 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 indicators of maternal health (e.g., accessibility, availability, affordability, appropriateness of health services). • Clearly identified how project will fill gaps that have prevented reduction of racial/ethnic disparities in maternal health. • Identify target population. • Include description of other agencies/organizations also working on this problem (if applicable). • Description of how subrecipient's proposed project may collaborate, compliment, or uplift existing initiatives (if applicable). 	X1.5			
Methodology section included: <ul style="list-style-type: none"> • Evidence for success & potential barriers • Data collection/management (if applicable). • Evaluation that includes goals and SMART objectives. • Incentives and barrier removal requirements (if applicable). 	X1.5			
Project Narrative Total:				

2) Evaluation of Workplan

Applications to be scored based on the extent that the applicant agency provided a thorough workplan using template in Appendix E.

Deliverable – Objective 1: Grant Administration	Weight	Score (0-3)	Weighted Score (Weight x Score)	Special Conditions/Comments
By September 29, 2023, grantee will complete all administrative tasks and report necessary project progress, data, and updates to ODH.				

<p>Applicant includes:</p> <ul style="list-style-type: none"> • Plan to submit written monthly progress reports to ODH detailing work activities with a focus on key accomplishments and issues related to achieving key milestones and deliverables in workplan. • Plan to submit final report detailing project milestones, accomplishments, outcomes, evaluation results, and findings in workplan. • A realistic timeline is included in workplan explicitly outlining when all relevant activities will be completed. • Each activity in the workplan has been assigned to a designated staff person within the applicant agency. • Applicant includes budgeted dollar amount for each activity in work plan that they will request reimbursement for. 	X1			
Objective 1 Total:				
Deliverable – Objective 2: Program Planning	Weight	Score (0-3)	Weighted Score (Weight x Score)	Special Conditions/Comments
By March 31, 2023, grantee will develop and plan an evidence-based initiative focused around decreasing health disparities at the community level.				
<p>Applicant includes:</p> <ul style="list-style-type: none"> • All of the relevant planning activities they will complete to successfully accomplish their proposed initiative. This section of the workplan should clearly describe how and what the applicant intends to do to accomplish their overall goal. • Necessary local partnerships for successful implementation of proposed initiative. • A realistic timeline is included in workplan explicitly outlining when all program planning activities will be completed to accomplish their proposed initiative. • Each program planning activity in the workplan has been assigned to a designated staff person within the applicant agency. • <u>This section of the workplan demonstrates why the proposed initiatives in this application will lead to a reduction in disparities in maternal health among their proposed target population.</u> 	X2			
Objective 2 Total:				
Deliverable – Objective 3: Implementation and Evaluation	Weight	Score (0-3)	Weighted Score (Weight x Score)	Special Conditions

By September 29, 2023, grantee will implement and evaluate an evidence- based initiative focused around decreasing health disparities at the community level.				
Applicant includes: <ul style="list-style-type: none"> • Explicit activities that will be implemented in order to successfully achieve their overall goal of their proposed initiative. • Applicant identifies strategies for recruitment of target population in workplan (if applicable). • Plan for data collection and monitoring (if applicable). • Applicant includes evaluation plan in workplan (if applicable). • A realistic timeline is included in workplan explicitly outlining when all activities will be completed to accomplish each activity listed above. • Each activity has been assigned to a designated staff person within the applicant agency. 	X2			
Objective 3 Total:				
Deliverable – Objective 4: Dissemination	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>	<u>Special Conditions</u>
By September 29, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented evidence-based initiative focused around decreasing health disparities at the community level.				
Applicant includes: <ul style="list-style-type: none"> • Plan to disseminate findings or results of proposed initiative. • A realistic timeline is included in this section of the workplan explicitly outlining when all dissemination activities will be completed to accomplish this objective. • Each activity in this section of the workplan has been assigned to a designated staff person within the applicant agency. 	X1			
Objective 4 Total:				
Overall Workplan Total:				

3) Evaluation of Budget Justification	<u>Weight</u>	<u>Score (0-3)</u>	<u>Weighted Score (Weight x Score)</u>	<u>Special Conditions</u>
Applications to be scored based on the extent that the applicant agency submits their budget justification using example provided on GMIS for Deliverable Funding Only. Please contact GMIS consultant for assistance locating this example before submitting your application.				

<ul style="list-style-type: none"> Budget justification is submitted on Scenario 1 Budget Justification Template. Budget justification provides description of the funding allocation between Deliverables 1, 2, 3, and 4. 	X1			
Budget Justification Total:				

4) General Application Components Applications to be scored based on the extent that the applicant agency satisfies all requirements outlined in this solicitation and their ability to successfully achieve the objectives set forth in their application.	<u>Weight</u>	<u>Score</u> <u>(0-3)</u>	<u>Weighted</u> <u>Score</u> <u>(Weight x</u> <u>Score)</u>	<u>Special Conditions</u>
<ul style="list-style-type: none"> Applicant used workplan template provided in Appendix E of this solicitation. Application is well executed, and applicant agency can attain program objectives. Provides a thorough workplan that is clear, easy to understand, and explicitly addresses disparities in maternal health in Ohio. Application targets populations disparately impacted by maternal morbidity and mortality. Application included plan for innovative initiative for addressing health disparities in their community that is not duplicative of existing efforts within that community. 	x2			
General Application Components Total:				

Appendix E

Name of Subgrant Program: Disparities in Maternal Health Community Grant Program

Budget Period: October 1, 2022 - September 29, 2023

Workplan Template and Guidance

The template provided is **required** to be used by all applicants. The italicized activities, timelines, agencies, and amounts are meant to serve as examples. Please copy and paste this into a word document and enter your information into this workplan. The purpose of the workplan is to outline all the activities the subrecipient will accomplish to satisfy the 4 deliverables in this grant. These deliverables can be found in Appendix C and in the top row of each section of the workplan below. The workplan also serves as a document to plan out reimbursement for activities over the entire budget period. This workplan will be used by the ODH program manager to track subrecipient progress.

Deliverable – Objective 1: Grant Administration				
Objectives	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By September 29, 2023, grantee will complete all administrative tasks and report necessary project progress, data, and updates to ODH. Total cost: \$____ (Enter the total amount you allocated to Deliverable 1 in your budget justification).	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> (For deliverable 1, you must include the following: submission of monthly program reports, final program report, expenditure report, evaluation plan, & calls with ODH).	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u>
	<i>Example Activity A: Quarterly call with ODH.</i> *Can be more frequent than quarterly*	<i>Completed quarterly; Once in November, February, May and August.</i>	<i>Program Manager</i>	<i>\$50/call; 4 quarterly calls x \$50/call = \$200</i>
	<i>Example Activity B: Email monthly program report to ODH program manager.</i>	<i>Completed monthly; Last Friday of every month during the budget period.</i>	<i>Program Manager</i>	<i>\$25/report; 12 monthly reports x \$25/report = \$300</i>
	<i>Example Activity C: Submit final program</i>	<i>Submit by October 15, 2022</i>	<i>Program Manager</i>	<i>\$200</i>

	report.			
	Example Activity D: Submit monthly expenditure report.	Completed monthly; Due the 10 th of every Month.	Fiscal manager	\$0
	Example Activity E: Submit evaluation plan.	March 7, 2022	Program intern	\$150
	(Please add more rows to this section of the workplan if you have additional activities and need more space.)			

Deliverable – Objective 2: Program Planning

Objectives	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By March 31, 2023, grantee will develop and plan an evidence-based initiative focused around decreasing health disparities at the community level. Total cost: \$____ (Enter the total amount you allocated to Deliverable 2 in your budget justification).	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> <u>These activities should be specifically related to the planning or preparation phase of your program.</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u>
	Example Activity A: Create a timeline to develop, implement and evaluate the program.	November 2, 2022	Program manager	\$150
	Example Activity B: Develop data collection tool to be used in program.	December 20, 2022	Data analyst	\$2,000

	Example Activity C: Finalize subcontract with XYZ company to facilitate program activities.	February 1, 2023	Program manager	\$15,000
	(Please add or remove rows to this section of the workplan if needed.)			
Deliverable – Objective 3: Implementation and Evaluation				
Objectives	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
By September 29, 2023, grantee will implement and evaluate an evidence-based initiative focused around decreasing health disparities at the community level. Total cost: \$____ (Enter the total amount you allocated to Deliverable 3 in your budget justification).	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> <u>These activities should be specifically related to the implementation and evaluation phases of your program.</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity? Note: Please include ALL activities you will complete in order to achieve the objective in the first column even if you are not requesting a specific dollar amount for that activity. Please place \$0 in this column if you are not requesting a specific dollar amount for completing that activity.</u>
	Example Activity A: Begin disseminating survey to program participants.	March 30, 2023	Program manager	\$0
	Example Activity B: Evaluate survey results and summarize findings.	June 30, 2023	Data analyst	\$12,000
	Example Activity C: Pay the salary of X staff member every 2 weeks.	Every 2 weeks	Fiscal manager	\$1,000 biweekly \$50,000 throughout the entire budgeted period.
	(Please add or remove rows to this section of the			

	<i>workplan if needed.</i>			
Deliverable – Objective 4: Dissemination				
Objectives	Activities	Timeline	Agency or Person Responsible	Budgeted Amount
<p>By September 29, 2023, grantee will develop and implement a dissemination plan to share the results of the implemented evidence-based initiative focused around decreasing health disparities at the community level.</p> <p>Total cost: \$ _____ (Enter the total amount you allocated to Deliverable 4 in your budget justification).</p>	<u>What specific tasks/activities will you complete to meet objective in previous column?</u> <u>These activities should be specifically related to the dissemination phase of your program.</u>	<u>Specific dates each activity will be completed by.</u>	<u>Identify person responsible for the listed activities in the previous column.</u>	<u>How much money will you request for the completion of each activity?</u>
	<i>Example Activity A: Hold a town hall event to share findings/results of program with community stakeholders</i>	<i>August 25, 2023</i>	<i>Program manager</i>	<i>\$200</i>
	<i>Example Activity B: Submit findings of project for publication in peer-reviewed journal.</i>	<i>September 15, 2023</i>	<i>Program manager</i>	<i>\$350</i>
	<i>Example Activity C: Share impact/evaluation of program with internal/external stakeholders via newsletter, meetings, etc.</i>	<i>September 25, 2023</i>	<i>Program manager</i>	<i>\$2,000</i>
	<i>(Please add or remove rows to this section of the workplan if needed.)</i>			