



MEMORANDUM

Date: September 2, 2020

To: Group Prenatal Care Initiatives Applicants

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

Subject: Notice of Availability of Funds- State Fiscal Year 2021  
November 1, 2020 – June 30, 2021

The Ohio Department of Health (ODH) Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of funds to support the Group Prenatal Care Initiatives grant as established by Amended Substitute House Bill 11 of the 133<sup>rd</sup> General Assembly. The grant supports \$500,000 in planning funds for group prenatal care.

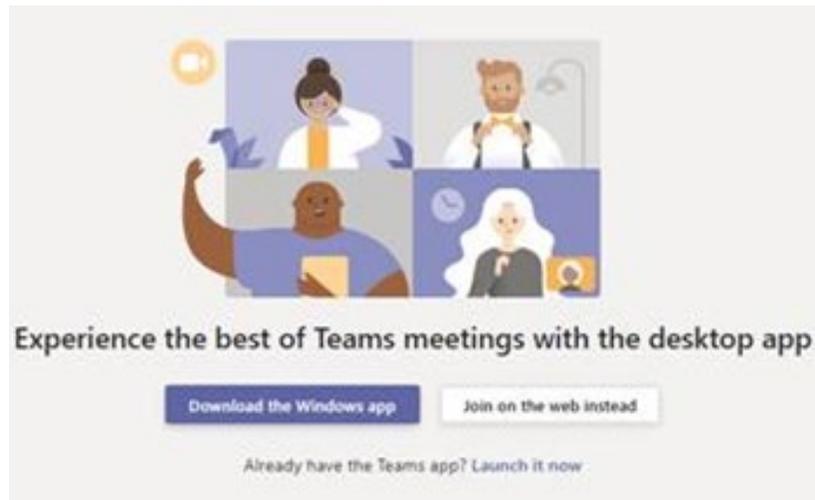
**All applications and attachments are due by 4:00 p.m. on Monday, September 28, 2020.** Electronic applications received after Monday, September 28, 2020 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, September 14 from 2:00pm to 3:00 p.m.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Call-in information: (614) 721-2972, Meeting ID 991 241 143#

Microsoft Teams Meeting link: [https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZTU3MTA5ZDQNTYyZS00ZmQyLWE1ZmYtYmNkMzk3MTUyZGJk%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22964f288d-c1c8-42b1-94c9-5e8ddba7d4e6%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZTU3MTA5ZDQNTYyZS00ZmQyLWE1ZmYtYmNkMzk3MTUyZGJk%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22964f288d-c1c8-42b1-94c9-5e8ddba7d4e6%22%7d)

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



The Bidders' Conference will not be recorded.

**This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4:00 p.m. on Tuesday, September 10, 2020 to be eligible for these funds.**

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Tuesday, September 10, 2020 to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Dana Mayer, Infant Vitality Program Administrator, by e-mail at [Dana.Mayer@odh.ohio.gov](mailto:Dana.Mayer@odh.ohio.gov) or by phone at (614) 466-4013.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF

*Maternal, Child and Family Health*

*Group Prenatal Care Initiatives: Planning*

## SOLICITATION

## FOR

**FISCAL YEAR 2021**

**(11/01/2020 – 06/30/2021)**

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

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

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

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Tuesday, September 10, 2020 | so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

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

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

## Budget Justification Certification language

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

**B. Application Name:** Group Prenatal Care Initiatives: Planning

**C. Purpose:**

Per Amended Substitute House Bill 11 of the 133<sup>rd</sup> General Assembly, the Ohio Department of Health is to establish a grant program to provide prenatal care services to pregnant women on a group basis.

Prematurity (born before 37 weeks of gestation) continues to be the leading cause of infant death in Ohio, consistently accounting for approximately 30% of infant deaths. In 2018, Black infants died more than 2.5 times more often due to prematurity-related conditions than White infants (3.9 and 1.5, respectively). Thus, prevention of prematurity, particularly among Ohio's Black mothers, continues to be a state health priority.

While data regarding prematurity in Ohio's rural geographies can be challenging to report due to small numbers that require suppression, of all county types (large metro, metro, micropolitan, rural) more women in rural counties smoke during their first trimester, and receive no 1<sup>st</sup> trimester prenatal care. More women who gave birth in rural counties smoked in their first trimester compared to women who gave birth in large metro counties (23.1% vs. 8.6%, respectively). Data shows smoking during pregnancy is a contributing risk factor to preterm birth. And more women who gave birth in rural counties received no 1st trimester prenatal care compared to women who gave birth in large metro counties (30.3% vs. 27.0%, respectively).

Part of the challenge in prematurity prevention is correctly identifying at-risk mothers. Prior preterm birth is a strong and easily identified risk factor for future preterm births. Thus, screening for prior preterm birth is currently the primary way to identify a pregnant woman in need of medical intervention to prevent premature birth. However, in Ohio in 2018, 28% of preterm births were to first time moms and 81% of preterm births were to women who had not had a previous preterm birth. Thus, only screening for prior preterm birth would not capture most women who may benefit from intervention to prevent preterm birth.

To reduce prematurity on a population-level, intervention efforts must extend beyond women with a prior preterm birth and focus on the women most vulnerable to experience a preterm

birth. The state has identified group prenatal care as a promising intervention with the potential to reduce prematurity, and more importantly racial disparities in prematurity, at the population-level.

Stark disparities in prematurity are the primary contributor to widening disparities in Ohio's infant mortality rate. By addressing both health and social factors that contribute to adverse birth outcomes, group prenatal care has the opportunity to reduce disparities in prematurity.

### ***C.1. Grant Scope: Group Prenatal Care Planning***

All funded entities must actively participate in learning collaborative sessions facilitated by ODH during the grant period.

Develop a plan for providing group prenatal care. This may include consultation and technical assistance costs as approved by ODH. These funds should be used to support applicants in meeting eligibility requirements to provide group prenatal care.

Examples of planning activities may include, but not limited to:

- Consideration of different group prenatal care models;
- Designing a group prenatal care model;
- Identification or development of a space;
- Securing a prenatal care provider;
- Patient recruitment planning;
- Developing a monitoring and evaluation framework.

### **D. *Qualified Applicants:***

Entities eligible to apply for these funds must display in their application 1) current capacity to meet; 2) a proposed plan to meet; or 3) an existing or proposed partnership (confirmed by a letter of support/intent/interest) with an entity who will meet the following criteria:

- Medical practices, including those operated by or employing one or more physicians, physician assistants, certified nurse-midwives, certified nurse practitioners or clinical nurse specialists; or healthcare facilities.
- Must demonstrate:
  - Has the space to host groups of at least 12 pregnant women;
    - While applicable, must be able to abide by all COVID-19 social distancing requirements. If unable to meet social distancing guidelines should have the capacity to, or effectively plan for, virtual or telehealth group prenatal care sessions.
  - Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis;
  - Provides prenatal care; and
  - Integrates health assessments, education and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills and participate in group discussion.
- Must be able to accept electronic funds transfer (EFT); and
- Trained in Grants Management Information System (GMIS) 2.0 (Appendix B). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form (Appendix B) must be submitted.

*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, September 28, 2020.**

**E. Service Area:**

Service areas will be determined by subrecipients use of data to describe and justify the geographic area to be served.

During the grant year ODH will provide preterm birth data and technical assistance to strengthen providers' awareness and efforts to identify and serve women from neighborhoods most vulnerable to experience preterm births.

Consider using Ohio's Opportunity Index when determining your priority service areas. The Index is available here: <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/ohio-opportunity-index>.

Per Amended Substitute House Bill 11 (133<sup>rd</sup> General Assembly), the Department shall give priority to entities that are operating in areas of the state with high preterm birth rates, including rural areas and Cuyahoga, Franklin, Hamilton and Summit Counties.

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

Per Amended Substitute House Bill 11 (133<sup>rd</sup> General Assembly), the single-year funding total will not exceed \$500,000 in SFY21 (July 1, 2020-June 30, 2021). And the Department shall give priority to entities that are both of the following:

- o Operating in areas of the state with high preterm birth rates, including rural areas and Cuyahoga, Franklin, Hamilton and Summit Counties; and
- o Providing care to Medicaid recipients.

The number of awards available will be determined based on the number of applications received.

Maximum funding amounts per applicant and scope will be determined based on applications received.

*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, September 28, 2020.** Applications and required attachments received after this deadline will not be considered for review.

Contact Dana Mayer, [dana.mayer@odh.ohio.gov](mailto:dana.mayer@odh.ohio.gov) with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill   11   of the 133<sup>rd</sup> General Assembly.

**I. Goals:**

- Improve birth outcomes and reducing disparities in poor birth outcomes.
  - Per Am. Sub. H.B. 11 these include early entry into prenatal care and preterm birth.
- Improve maternal health outcomes.
- Achieve patient satisfaction with group prenatal care services.

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

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. 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](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 (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):**

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

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

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

X Applicable  Not Applicable to (Group Prenatal Care Initiatives: Planning)

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

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:**

Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Dana Mayer at [dana.mayer@odh.ohio.gov](mailto:dana.mayer@odh.ohio.gov) or 614-466-4013.

**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, September 28, 2020 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, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in target service area(s) (at a census tract level) 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.**

**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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. | |

**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| as a sub-award of a grant issued by |the Ohio Department of Health| under the |Group Prenatal Care Initiatives: Planning| grant.”

**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

<i>Period</i>	<i>Report Due Date</i>
November 1 – 30, 2020	December 10, 2020
December 1 – 31, 2020	January 10, 2021

January 1 – 31, 2020	February 10, 2021
February 1 – 28, 2020	March 10, 2021
March 1 – 31, 2020	April 10, 2021
April 1 – 30, 2020	May 10, 2021
May 1 – 31, 2020	June 10, 2021
June 1 – 30, 2020	July 10, 2021

- 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:

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

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

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

*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.*

- c. 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 August 5, 2021. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

- Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must

respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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

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

**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 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)
- 12. Attachments as required by Program: workplan, staffing plan, staff position descriptions and resumes, and disclosure of funding.

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 Section Z 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).

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

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

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

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

**D. Project Narrative:**

Reference the provided scoring rubric (Appendix D) to ensure responsiveness to all required components.

- 1. Executive Summary:** | Identify core components of project methodology and scope. |

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

Summarize the agency's structure as it relates to the plan for providing group prenatal care and, as the lead agency, how it will manage the proposed planning process. Identify entity's experience in completing projects of similar size and scope. Include entity's capacity to complete the project by the deliverable due dates.

Display 1) current capacity to meet; 2) a proposed plan to meet; or 3) an existing or proposed partnership (confirmed by a letter of support/intent/interest) with an entity who will meet criteria identified in Section D (Qualified Applicants) of this solicitation.

Describe the staffing plan and each team member's experience and readiness to support the proposed project. Provide number of employees dedicated to this project. Describe each candidate's educational background, professional experience, and role on the team. Position descriptions and resumes should be provided as attachments to the application.

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 providing group prenatal care. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to

address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden 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.

**Methodology:** In narrative form, identify the project goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the project. If health disparities and/or health inequities have been identified, describe how project activities are designed to address these issues. Complete a project activities timeline to identify project objectives and activities and the start and completion dates for each.

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

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and 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** Monday, September 28, 2020). [ ]

**III. APPENDICES**

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Form
- C. C1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Scoring Rubric
- E. Deliverables & Required Validation
- F. Workplan Template [ ]

NOTICE OF INTENT TO APPLY FOR FUNDING

Submission Required

Reimbursement Type  
Select one of the options below:

Monthly  
OR  
 Quarterly

Ohio Department of Health

Bureau of Bureau of Maternal, Child and Family Health

See Due Date Below

ODH Program Title:  
[Group Prenatal Care Initiatives: Planning ]

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

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 DANA MAYER at [DANA.MAYER@ODH.OHIO.GOV](mailto:DANA.MAYER@ODH.OHIO.GOV) BY 4:00pm on Tuesday, September 10, 2020

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.

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Email Notifications:  Yes     No

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

\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

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

\_\_\_\_\_  
Printed Name of Agency Head or Agency 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., 4<sup>th</sup> Floor, Columbus, Ohio 43215 Or

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

**Name of Subgrant Program: Group Prenatal Care Initiatives: Planning**

**Budget Period: November 1, 2020 – June 30, 2021**

**# of Deliverables: 6**

**Use Budget Justification Scenario#: Deliverable Funding Only**

**\_X\_ Deliverables Only**

Deliverable 1: Submit a workplan

Provide a comprehensive workplan for implementation of the proposed planning efforts. (This workplan should identify the anticipated process and activities projected to take place to achieve Deliverable 6.)

The plan must include the specific strategies and activities to be undertaken, staff responsible, timeframe for implementation and how the activity/strategy will be measured for success. A sample workplan template can be found in Appendix F.

Validation: Workplan submitted

Deliverable 2: Submit monthly progress reports

Submit complete and accurate required reporting template provided by the 10<sup>th</sup> of each month.

Reporting requirements will include: project progress and project challenges.

Validation: Complete and accurate monthly progress report submitted.

Deliverable 3: Submit quarterly data reports

Submit quarterly a current workplan with progress to date on all workplan activities. Workplan update should include: action steps for scope of work/deliverables (including status and description, target date for completion, completion date, level of completeness); and identify workplan changes, if applicable.

Validation: Current workplan with progress to date identified for all activities. Changes to workplan should be highlighted and noted.

Deliverable 4: Submit a sustainability plan

Provide a sustainability plan outlining support for proposed project beyond the grant period. (How will you identify the resources necessary to implement the results of your planning?)

Validation: Sustainability plan submitted.

Deliverable 5: Submit a final report

Submit a final report that summarizes: goals and objectives of providing group prenatal care; proposed plan for implementation; activities; key achievements; lessons learned; next steps and proposed sustainability. Report must include the identified model of prenatal care, basic model curriculum components and topics, proposed changes to identified model to ensure effectiveness for priority population (if applicable), priority population for services, outreach and identification methods for priority population, proposed data variables for collection to evaluate effectiveness of program implementation, necessary resources for implementation, next steps and implementation timeline.

Submit a final workplan progress update (including status and description, completion date, achievement).

Validation: Final report submitted.

Deliverable 6: Develop a plan for providing group prenatal care

Develop a workplan inclusive of all planning activities proposed to prepare for providing group prenatal care. Plan should be different from your application workplan. Funds in this deliverable may be used for costs associated with receiving consultation and technical assistance to plan for group prenatal care as approved by ODH.

This plan should be different from your Deliverable 1 workplan. The Deliverable 1 workplan should outline the process of developing a plan for submission to meet this deliverable.

Validation: Workplan submitted; if applicable, any dollars spent on consultation or technical assistance will also require validation of spending by providing the contract, purchase order, invoice or other approved validating documentation of consultation and/or technical assistance services rendered.

Name of Subgrant Program: Group Prenatal Care Initiatives

Budget Period: November 1, 2020 – June 30, 2021

# of Deliverables: 6

Use Budget Justification Scenario: Deliverable Funding Only

X Deliverables Only

	<b>Deliverable 1 (Workplan)</b>	<b>Deliverable 2 (Monthly progress reports)</b>	<b>Deliverable 3 (Quarterly reports)</b>	<b>Deliverable 4 (Sustainability plan)</b>	<b>Deliverable 5 (Final report)</b>
Subrecipient (Number of subrecipients TBD)	Amt. to be determined by applicant and approved by ODH				
<b>Total</b>	TBD	TBD	TBD	TBD	TBD

	<b>Deliverable 6 (Planning)</b>
Subrecipient (Number of subrecipients TBD)	Amt. to be determined by applicant and approved by ODH
<b>Total</b>	TBD

## Scoring Rubric

Criteria	Weight	Score	Comments
<b>Executive Summary</b>	<b>2</b>		
Identify core components of project methodology and scope.	2		
<b>Description of Applicant Agency/Documentation of Eligibility/Personnel</b>	<b>11</b>		
<p>1) Current capacity to meet; 2) a proposed plan to meet; or 3) an existing or proposed partnership (confirmed by a letter of support and/or intent) with an entity who will meet the required eligibility criteria:</p> <ul style="list-style-type: none"> <li>• Medical practices, including those operated by or employing one or more physicians, physician assistants, certified nurse-midwives, certified nurse practitioners or clinical nurse specialists; or healthcare facilities.</li> <li>• Has the space to host groups of at least 12 pregnant women; <ul style="list-style-type: none"> <li>○ If unable to meet currently required COVID-19 social distancing guidelines, please describe capacity to facilitate group prenatal care sessions virtually/via telehealth.</li> </ul> </li> <li>• Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis;</li> <li>• Provides prenatal care; and</li> <li>• Integrates health assessments, education and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills and participate in group discussion.</li> </ul>	4		
Entity's experience in completing projects of similar size and scope.	1		
Entity's capacity to complete the project by the deliverable due dates.	1		
Describe the staffing plan and each team member's experience and readiness to support the proposed project. <ul style="list-style-type: none"> <li>• Number of employees dedicated to this project.</li> </ul>	2		
Describe each candidate's educational background, professional experience, and role on the team. <ul style="list-style-type: none"> <li>• Position descriptions and resumes should be provided as attachments to the application.</li> </ul>	1		
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.	1		

<p>Disclosure of Funding Agencies and Supporting Corporations</p> <ul style="list-style-type: none"> <li>For purposes of transparency and disclosure, the applicants and partnering agencies must list all the sources from which they receive financial support or reimbursement of services. Applicants and partnering agencies must indicate whether they receive grant funding from the Ohio Department of Health, Ohio Department of Medicaid, Ohio Commission on Minority Health or Ohio Commission on Fatherhood. A general description of what those funds support must also be provided.</li> </ul>	1		
<b>Problem/Need</b>	<b>15</b>		
Applicant used data to outline overall community health status supporting project need.	2		
The specific health status concerns that the program intends to address.	2		
<p>Clearly identify the target population.</p> <ul style="list-style-type: none"> <li>Please reference the methodology should you chose to outline the priority population more comprehensively in that section.</li> </ul> <p>Applicants can consider working with their local health departments to identify relevant Vital Statics data. Also consider use of the Ohio Opportunity Index: <a href="https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/ohio-opportunity-index">https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/ohio-opportunity-index</a>.</p>	3		
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.	3		
<p>Address how services will be effectively targeted at the population who experience a disproportionate burden of health concern.</p> <ul style="list-style-type: none"> <li>Describe how your project with respond to these disparities.</li> </ul>	4		
Include a description of other agencies/organizations, in your area, also addressing this problem/need.	1		
<b>Methodology</b>	<b>10</b>		
<p><u>Group Prenatal Care Planning</u></p> <ul style="list-style-type: none"> <li>Clearly identifies measurable objectives entity proposes to achieve.</li> <li>How achievement of objectives will be achieved.</li> <li>What activities will be implemented.</li> <li>What tools will be used to collect and report data.</li> <li>Intended collaboration with other entities.</li> <li>Data metrics for collection and reporting clearly identified and reporting template provided.</li> </ul>	10		
<b>Define Goals &amp; Objectives</b>	<b>10</b>		
Goals are clearly defined.	5		
SMART objectives are written in a format that is measurable along with identifiable data-sets/types.	5		

<b>Work Plan</b>	<b>20</b>		
Organization's overall project plan to meet deliverables including project objectives.  Activities in the workplan are reflective of applicant's proposed scope of work, including SMART objectives.	5		
Responsible parties clearly identified; timelines are delineated.	5		
Applicant identifies metrics to measure outcomes. Metrics are based on data elements that can be measured for the duration of the project.	5		
Work plan is reflective of deliverables and objectives listed in the budget justification.	5		
<b>Total</b>	<b>68</b>		

## Deliverables &amp; Required Validation

Deliverable Number	Deliverable & Validation	Due Date(s)	Cost & Frequency
1	Submit a final workplan inclusive of all funded scopes of work <ul style="list-style-type: none"> <li>Workplan submitted</li> </ul>	Within 30 days of the start of the grant	Amt. to be determined by applicant and approved by ODH 1
*2	Submit monthly progress reports <ul style="list-style-type: none"> <li>Monthly progress report submitted</li> </ul>	10 <sup>th</sup> of each month	Amt. to be determined by applicant and approved by ODH 8
*3	Submit quarterly reports <ul style="list-style-type: none"> <li>Current workplan with progress to date submitted; changes to workplan should be highlighted and noted</li> </ul>	10 <sup>th</sup> of October, January, April, July	Amt. to be determined by applicant and approved by ODH 3
4	Submit a sustainability plan inclusive of all funded scopes of work <ul style="list-style-type: none"> <li>Sustainability plan submitted</li> </ul>	June 1, 2021	Amt. to be determined by applicant and approved by ODH 1
*5	Submit a final report inclusive of all funded scopes of work <ul style="list-style-type: none"> <li>Final report submitted</li> <li>Final workplan with progress on all activities documented</li> </ul>	June 30, 2021	Amt. to be determined by applicant and approved by ODH 1
<b>Scope 1. Planning for group prenatal care services</b>			
6	Develop a plan for providing group prenatal care <ul style="list-style-type: none"> <li>Workplan submitted; if applicable, any dollars spent on consultation or technical assistance will also require validation of spending by providing the contract, purchase order, invoice or other approved validating documentation of</li> </ul>	June 30, 2021	Amt. and frequency to be determined by applicant and approved by ODH

	consultation and/or technical assistance services rendered.		
--	---	--	--

\*All reports must be complete and accurate to qualify for payment.

**Workplan Template**

**Project Workplan Template**

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
<b>Goal 1:</b>					
<b>SMART Objective 1:</b>					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<b>SMART Objective 2:</b>					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<b>SMART Objective 3:</b>					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments