



MEMORANDUM

Date: December 19, 2022

To: PC23 Subrecipient agencies (1st year)

From: Alicia Leatherman, Chief *AL*
Bureau of Maternal and Infant Vitality
Ohio Department of Health

Subject: Group Prenatal Care Initiatives (PC24) – continuation; July 1, 2023 – June 30, 2024

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

All electronic applications and attachments are due by 4:00 p.m., January 30, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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 until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/sfy-23-competitive-solicitation-proposals>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Melissa Kuhn at 614-466-1349 or e-mail at Melissa.Kuhn@odh.ohio.gov.

TABLE OF CONTENTS

I.	CONTINUATION FUNDING APPLICATION GUIDANCE	
A.	Policy and Procedure	2
B.	Number of Grants and Funds Available	2
C.	Formatting Requirement for Attachments	3
D.	Qualified Applicants	3
II.	PROGRAM UPDATES	
A.	Program Progress Report	3
B.	Program Narrative	3
C.	Objectives and Work Plans	3
D.	Documentation & Progress on Health Equity and Disparity Reduction Activities	3
E.	Program Budget	4
F.	Other Application Requirements	5
G.	Human Trafficking	7
H.	Post Submission Requirements	7
III.	APPENDICES	
A.	Continuation Solicitation Reimbursement Type Form	
B.	B1. [Deliverable Descriptions]	
	B2. [Deliverable Allocations]	
C.	Evidence of Health Equity Strategies Checklist	
D.	Workplan Template	
E.	Monthly Progress Report	
F.	Staffing Plan	
G.	Cohort Tracker	
H.	Aggregate Incentive Log	
I.	Incentive Distribution Log	

I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: July 1, 2023 – June 30, 2024 of the total project period, July 1, 2023 – June 30, 2024. Reference the competitive Solicitation for more information.

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](#).

- 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. Number of Grants and Funds Available: Through state general revenue funds, up to two awards will be awarded for a total amount of \$100,000 of up to \$50,000/each. Only PC23 competitively funded subrecipients are eligible to apply – Circle Health Services and Cincinnati Children's Hospital Medical Center.

*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.*

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
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 January 30, 2023.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

- A. Program Progress Report:** 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. This document is not required to be submitted with the application.
- B. Program Narrative:** Complete and submit a narrative statement (not to exceed [10] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, Equitable (SMART-IE) objectives, with an updated work plan to reflect proposed activities for the future, PC24, application year. The work plan must be inclusive of each applied scope of work and include proposed numbers of sessions, participants, and initiated and completed cohorts. Workplan must include goals, SMART-IE objectives, key action steps, timeline, expected outcome, data source and evaluation methodology, and person/area responsible. Provide a brief narrative report further describing the workplan content. Reference the competitive Solicitation for information.
- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**
Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide a budget justification narrative outlining how the deliverables will be met. (A budget justification example can be found on the GMIS Bulletin Board posted March 13, 2020. Use the budget justification document/template labeled “Budget Justification Deliverable Example Effective March 13, 2020”).

Bulletin Message		
Posted	3/13/2020	
Subject	Updated Budget Justification Templates	
Message	Attached are 3 budget justification template examples. One is for base funding only, one is for base and deliverable funding and the other is for match or applicant share. All templates must be signed by the agency head listed in GMIS for that subgrant program. Thanks	
Attachments	Description	File Name
	Uploaded File	Budget Justification Base Example Effective March 13 2020.doc
	Uploaded File	Budget Justification Base and Deliverable Example Effective March 13 2020.doc
	Uploaded File	Budget Justification Deliverable Example Effective March 13 2020.doc

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx>.

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.

2. **[2024] Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2023 to June 30, 2024

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

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. **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.

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. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Workplan as referenced in section IIC of RFP. Workplan must be inclusive of each applied scope of work. Workplan must include proposed numbers of sessions, participants, and initiated and completed cohorts.
- If requesting enhancements, a detailed breakdown of requests. The breakdown should include each requested enhancement, specific enhancement items, total amount, unit number, and unit cost. If requesting incentives, indicate when participant will receive specific incentive(s) (e.g., at enrollment, upon completion of 5th group, upon completion of group, etc.).

a. Other Required Documentation:

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the [GMIS Bulletin Board](#) for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) 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.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **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.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

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

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 that may include, but are not limited to the following:
 1. Populations at increased risk
 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 PC24

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as 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: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

 x Program Reports Required _____ No Program Reports Required

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024

June 1 – 30, 2024

July 10, 2024

Reporting requirements are outlined in Appendix B1. Additional reporting details will be provided throughout the grant year.

Technical assistance will be provided in the form of written and verbal communication, including e-mails, calls, webinars, learning collaboratives, etc. ODH will also collaborate with the Centering Health Institute to provide technical assistance, which includes ODH sharing program reports with CHI. ODH will conduct mid-year monitoring of performance, compliance, and spending. Subrecipients will be provided results via e-mail.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28 or 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

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

Period	Report Due Date
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

Note: Obligations not reported on the final monthly or 4th 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, 2024** (5th day of 2nd month after a grant period ends). 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 ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Workplan Template
- E. Monthly Progress Report
- F. Staffing Plan
- G. Cohort Tracker
- H. Aggregate Incentive Log
- I. Incentive Distribution Log

Appendix A

Submission
Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Bureau
of Maternal and Infant Vitality

ODH Program Title:
Group Prenatal Care Initiatives
(PC24)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

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.

Due to ODH by December 28, 2022

Please email completed form to Melissa Kuhn (melissa.kuhn@odh.ohio.gov)

Appendix B1

Name of Subgrant Program: Group Prenatal Care Initiatives

Budget Period: July 1, 2023 – June 30, 2024

of Deliverables: 9

Use Budget Justification Scenario #: 1

100% Deliverables

When considering proposed costs of the work, applicants should take into consideration ODH’s guidance “Deliverable Subgrants” as posted on the GMIS Bulletin Board June 6, 2022.

This continuation grant supports two scopes of work related to group prenatal care— 2) establishment or expansion and 3) enhancements. Agencies will be funded to continue group prenatal care that was implemented during year one of funding under PC23.

All subgrantees must provide education on tobacco cessation, safe sleep and breastfeeding. All subgrantees must also offer referrals to other care services as needed (e.g., evidence-based home visiting, WIC, Pathways HUB, smoking cessation, mental health/addiction counseling, etc.). All women served must be referred to the [Help Me Grow Central Intake and Referral System](#) and WIC. ODH will provide technical assistance on referrals to both.

While providing clinical prenatal care is a requirement to qualify for these grant dollars, funds cannot support the reimbursement of clinical care reimbursable by Medicaid or other insurance providers.

Activities proposed in the grant application should only reflect supports needed during the grant funding period. As this is considered short-term funding, applicants are expected to seek long-term sustainability through insurance reimbursement. At the completion of this continuation grant, subrecipients will no longer receive reimbursement through ODH and will be expected their sustainability plan(s) by seeking reimbursement through insurance companies.

REQUIRED BY ALL SUBGRANTEES (Del. 1-5)

Deliverable 1: Workplan

Provide a comprehensive workplan for implementation of all scopes of work for which funding is requested. 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 D.

Workplan must identify projected numbers of participants, sessions, and cohorts initiated and completed.

Validation: Workplan submitted.

Due date: 8/10/23

Reimbursable amount: \$1,500

Deliverable 2: Monthly Progress Reports

Submit monthly reports using the template provided by ODH. Reporting requirements include: project progress (narrative); project challenges (narrative); and Centering Healthcare Institute technical assistance provided. Narrative

should support workplan objectives, goals, and associated activities. The monthly report should provide a comprehensive picture about of what activities occurred during the reporting month to work towards grant objectives and deliverables. Narrative should also reflect deliverables, budget, and spending.

See Appendix D for monthly reporting template.

Validation: Monthly progress report submitted.
Due date: 10th of every month, starting 8/10/23
Reimbursable amount: \$500/month; \$6,000 total

Deliverable 3: Quarterly Data Reports & Workplan Updates

Submit appropriate quarterly data reports and a current workplan with progress to date on all scopes of work.

Reporting requirements will include data variables identified in the data collection section applicable to your funded scope(s) of work. Workplan update should include: action steps for scope of work/deliverables (including status and description, target date for completion, completion date, % achieved); successes, challenges, and how challenges will be addressed; and identify workplan changes, if applicable.

Due quarterly by scope:

- All scopes
 - Current workplan with progress to date; changes to workplan should be highlighted and noted.
- Scope 2
 - Scope 2 Quarterly Reporting Template (provided by ODH; Appendix H)
- Scope 3
 - Incentive enhancements - Aggregate Incentive Tracker (provided by ODH; Appendix K)

Validation: Data report and current workplan with progress to date identified for all activities submitted. Changes to workplan should be highlighted and noted.
Due date: 10/10/23, 1/10/24, 4/10/24, 7/10/24
Reimbursable amount: \$250/quarter, \$1,000 total

Deliverable 4: Final Report

Submit a final, cumulative data report reflective of the total grant period. Submit a final workplan progress update (including status and description, completion date, % achieved) and accompanying narrative summarizing final achievement of grant activities. Final report must include a narrative inclusive of key achievements, lessons learned, next steps and proposed sustainability, at a minimum. If applicable, entities must validate sustainability through insurance reimbursement for group prenatal care services by the close of the continuation grant year.

Validation: Final report submitted.
Due date: 7/10/24
Reimbursable amount: \$500

SCOPE 2: PROVIDE GROUP PRENATAL CARE SERVICES: ESTABLISHMENT OR EXPANSION (Del. 5-8)

Grantees will be funded to continue implementation of their group prenatal care site established during year one. Models are expected to be sustainable. Clinical services reimbursable by Medicaid or other insurance providers are not eligible for support with these grant dollars.

Deliverable 5: Staffing Plan

Develop and maintain a staffing plan that includes identification and documentation of adequate training for all project staff, including program coordinator, facilitator(s), and data (collection and reporting).

Validation: The initial validating documentation submitted for this deliverable will be position descriptions, resumes (inclusive of qualifications) and required trainings, as well as contact information for all staff identified in the staffing plan. Must include at a minimum: program coordinator, facilitator(s), data (collection and reporting).

Due date: 8/10/23

Following the initial validating documentation submitted, agencies will submit staffing plan updates quarterly using the ODH-provided template. The current staffing plan will address all positions. (No need to submit position descriptions, resumes and previously described trainings unless you have updates to share on team members.)

Due date: 10/10/23, 1/10/24, 4/10/24, 7/10/24

Reimbursable amount: Entity assigns costs based on projected cost to complete deliverable. Reimbursed based on one unit/quarter.

Deliverable 6: Recruitment and Enrollment

Develop and implement an outreach plan for effectively recruiting and enrolling group prenatal care patients. Plan should address how you will reduce barriers to reach those at highest risk of poor birth outcomes. Outreach progress should be noted in the monthly program reports.

Validation: Provide the outreach plan.

Due date: 1/10/24

Reimbursable amount: Entity assigns costs based on projected cost to complete deliverable. Reimbursed based on one unit.

Deliverable 7: Schedule

Schedule group prenatal care sessions. When developing a session schedule, subrecipient should consider barriers and cultural needs of the priority population. (Asking for accommodations during scheduling is considered best practice and will ensure that people with disabilities and limited English proficiency can participate in the prenatal care sessions.)

Validation: Submission of session schedule inclusive of all sessions supported by grant funding as outlined in workplan.

Due date: 1/10/24

Reimbursable amount: Entity assigns costs based on projected cost to complete deliverable. Reimbursed based on one unit.

Deliverable 8: Conduct Sessions

Continue implementation of evidence-based group prenatal care sessions to identified model fidelity. Reimbursement provided in response to each validated session held.

Validation: Quarterly submission of cohort tracker template documenting number of session(s) held, including date and participant numbers.

Due date: 10/10/23, 1/10/24, 4/10/24, 7/10/24

Reimbursable amount: Entity assigns costs based on projected number of sessions to be held. Reimbursed based on number of sessions held. Ex. If expected to host 20 sessions, the deliverable cost would be divided by 20 units. You will be eligible for one unit of cost for every validated session.

SCOPE 3: ENHANCEMENTS (Del. 9)

Grantees will be funded to enhance group prenatal care services implemented under PC23. Funding is to support client enrollment and retention through one or more of the following: virtual/remote group prenatal care, staff training, childcare, transportation, accessibility and client incentives. Eligible activities are not essential to an existing evidence-based model designed. All activities essential to supporting fidelity of the model curriculum would not qualify for the enhancements scope but may be included under the establishment or expansion scope (scope 2).

Allowable incentives include and are limited to diapers, baby wipes, phone/gas/gift/data cards. Other types of incentives may be approved by ODH. Gift cards may not be in the form of prepaid credit cards, cash, or checks.

Deliverable 9: Enhancements

Purchase of enhancements including distribution of incentives.

Non-incentive Enhancements:

- Subrecipients will be reimbursed based on the total amount of enhancements purchased during the billing period.
- Receipts and/or validation must be provided for any non-incentive enhancements purchased with grant funds.

Incentives:

- Subrecipients will be reimbursed based on the total amount of incentives distributed during the billing period.
- Reimbursement will be based on submission of a monthly log of incentives distributed with the following information (log template provided by ODH):
 - Date incentive provided to client
 - Client identifier (personal identifying information should be kept on record with the funded entity, but not submitted to ODH)
 - Previous incentives received during the grant period with these funds (i.e. cumulative amount of incentives received)
 - Type of incentive provided (diapers, baby wipes, phone/gas/gift/data cards)
 - Value of incentive(s) provided
 - Card identification number
 - Reason for incentive: recruitment or retention
 - Name of staff member distributing incentive
 - Type of client confirmation for receipt of incentive (can be confirmed through electronic means such as an email or text confirmation, or a physical signature and date)
- In addition, subrecipients must adhere to the procedures below. This documentation does not need to be submitted to ODH but should be kept on file and readily available if requested.
 - Recipients must sign a statement acknowledging and agreeing to the restrictions on the incentive such as unallowable uses which include but are not limited to purchases of alcohol, tobacco, illegal drugs or firearms and that gift cards may not be redeemed for cash
 - The form must have the client's name printed legibly for ODH to accept
 - A log of incentives purchased that includes type of incentives purchased, number purchased, unit cost, and total cost
 - Receipts of incentives purchased
 - Minors should not sign for gift cards; only the parent or legal guardian may sign off for gift cards

Validation: Submit monthly:

- Non-incentive enhancements –Completed data collection tool (as provided by ODH) and receipts/other purchase validation.
- Incentives – Completed Incentive Distribution Log.

Total amount requested for reimbursement must match between data reports, GMIS expenditure report, and expenditure report spreadsheet.

Due date: 10th of every month

Reimbursable amount: Reimbursed based on total price of non-incentive enhancements purchased and/or incentives distributed.

Appendix B2- Objective Allocations

Name of Subgrant Program: Group Prenatal Care Initiatives
Budget Period: July 1, 2023 – June 30, 2024
of Deliverables: 10
Use Budget Justification Scenario#: 1
100% Deliverables

	Deliverable 1 (Workplan)	Deliverable 2 (Monthly progress reports)	Deliverable 3 (Quarterly data reports)	Deliverable 4 (Final report)	
Subrecipients (2)	\$1,500	\$6,000	\$1,000	\$500	
Total	\$3,000	\$12,000	\$2,000	\$1,000	
	Deliverable 5 (Staffing plan)	Deliverable 6 (Recruit and enroll)	Deliverable 7 (Schedule sessions)	Deliverable 8 (Conduct sessions)	Deliverable 9 (Enhancements)
Subrecipient (2)	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH	Amt. to be determined by applicant and approved by ODH
Total	TBD	TBD	TBD	TBD	TBD

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

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

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.

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](#).

- 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.

Appendix D - Workplan Template
(Deliverable 1 and 3)

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>
Goal 1:					
SMART Objective 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
SMART Objective 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
SMART Objective 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

Appendix E – Monthly Progress Report
(Deliverable 2)

PC24 Monthly Progress Report

Date: July 2023

Subrecipient:

For the reporting month, describe progress and challenges for all funded scopes. Narrative should support workplan objectives, goals, and associated activities. The monthly report should provide a comprehensive picture about what activities occurred during the reporting month to

Instructions: work towards grant objectives and deliverables. Narrative should also reflect deliverables, budget, and spending.

Project Progress (All Scopes)

Project Challenges (All Scopes)

Centering Healthcare Institute Technical Assistance

If applicable, provide information on technical assistance received.

Appendix F – Staffing Plan (Deliverable 6)

Group Prenatal Care Initiatives Staffing Plan							
Project Staff/Project Staff Responsible	Name	Email Address	Funded under this grant? If so, indicate FTE.	FTE, if funded under this grant.*	Position description and resume on file with ODH?	Required Training	Job responsibilities. Include who is responsible for ODH program and expenditure reports
Project Director			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
Program Coordinator			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
Facilitator			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
Facilitator			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
Facilitator			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
Facilitator			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
Data Collection & Reporting			<input type="checkbox"/> No <input type="checkbox"/> Yes, provide FTE.		<input type="checkbox"/> Yes <input type="checkbox"/> No, submit documentation.		
<i>(Insert additional rows as needed).</i>							

Q1 Update (July - September; due 10/10) Staffing updates? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below, complete above information, and submit any required documentation such as position description and resume. Vacancies? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below on who is currently supporting vacancy and plan to fill vacancy. Narrative
Q2 Update (October - December; due 1/10) Staffing updates? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below, complete above information, and submit any required documentation such as position description and resume. Vacancies? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below on who is currently supporting vacancy and plan to fill vacancy. Narrative
Q3 Update (January - March; due 4/10) Staffing updates? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below, complete above information, and submit any required documentation such as position description and resume. Vacancies? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below on who is currently supporting vacancy and plan to fill vacancy. Narrative
Q4 Update (April - June; due 7/10) Staffing updates? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below, complete above information, and submit any required documentation such as position description and resume. Vacancies? <input type="checkbox"/> No <input type="checkbox"/> Yes. Provide narrative below on who is currently supporting vacancy and plan to fill vacancy. Narrative

*Per 2/10/22 GMIS Bulletin Board memo, "...all ODH subrecipients are required to complete daily timesheets for all personnel reimbursed using ODH funding. Timesheets will include the daily hours worked for a specific period. The timesheet must provide the designated start and end time of a scheduled workday for all personnel charged to an ODH subgrant." See memo for timesheet example.

Appendix G – Cohort Tracker
(Deliverable 9)

PC24 Cohort Tracker					
Cohort 1					
Cohort Start Date:		X			
Cohort End Date:		X			
Number of Clients in Cohort		Black	White	Other	Total
Session	Session Date				
1					
2					
3					
4					
5					
6					
7					
8					
9					
11					
12					
13					
14					
15					

Appendix H – Aggregate Incentive Tracking
(Deliverable 3, scope 3)

PC24 Scope 3 Aggregate Incentive Tracking									
		Incentives Distributed						Incentives Distributed	
July	Incentive Type	Number Distributed	Total Value of Distributed			Total PC22	Incentive Type	Number Distributed	Total Value of Distributed
	Gas Cards						Gas Cards	0	\$ -
	Diapers						Diapers	0	\$ -
	Wipes						Wipes	0	\$ -
	Gift Cards						Gift Cards	0	\$ -
	Total	0	\$ -				Total	0	\$ -
August	Incentive Type	Number Distributed	Total Value of Distributed						
	Gas Cards								
	Diapers								
	Wipes								
	Gift Cards								
	Total	0	\$ -						
September	Incentive Type	Number Distributed	Total Value of Distributed						
	Gas Cards								
	Diapers								
	Wipes								
	Gift Cards								
	Total	0	\$ -						

Appendix I – Incentive Distribution Log
(Deliverable 10, scope 2)

Subrecipient:

Date Provided to Client	Client Identifier	Incentive Provided	Value	Gift/Gas Card Identifier #	Reason for Incentive	Has This Client Already Received an Incentive?			Name of Staff Member Distributing Incentive	Confirmation of Receipt of Incentive by Client (physical signature & date, email, text)
		(diapers, baby wipes, gift card, gas card) Please list each incentive distributed on a separate line.		(Only applicable if providing gift/gas card)	Enrollment vs. Retention	Yes/No	If Yes, How Much?	Date incentive was received		When you've received confirmation from client, mark an X below. Subrecipientss must keep confirmations on file for monitoring purposes
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				
						Select				