



MEMORANDUM

To: WISEWOMAN Competitive Applicants

From: Jennifer Voit [JW](#)
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation)
WW24 04/01/2024-09/30/2025

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds. **All electronic applications and attachments are due by 4:00 p.m., Tuesday, February 20, 2024.** Applications received after the due date 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 Wednesday, January 24th from 1:00pm to 2:00 pm.

Microsoft Teams Link

Join on your computer, mobile app, or room device

[Click here to join the meeting](#)

Or call in (audio only)

[+1 614-721-2972, 430851342#](#) United States, Columbus

To join the meeting, please click on "Join Microsoft Teams Meeting" above. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead." There is also a call-in number above if you do not plan to use your device's audio. Please note, this program works best in Google Chrome. 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 Friday, January 26, 2024, to be eligible for these funds and to attend the Bidders' Conference. This form must be emailed to Dawn Ingles at Dawn.Ingles@odh.ohio.gov. 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 Friday, January 26, 2024, to the Grants Administration Unit Maria Kapenda, Data System Administrator. Scan and Email to: Maria.Kapenda@odh.ohio.gov.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions, please contact Dawn Ingles at Dawn.Ingles@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF THE MEDICAL DIRECTOR
BUREAU OF HEALTH IMPROVEMENT AND
WELLNESS

WELL-INTEGRATED SCREENING AND EVALUATION
FOR WOMEN ACROSS THE NATION
(WISEWOMAN) WW24
SOLICITATION FOR FISCAL YEARS 2024-2026
(04/01/24 – 09/30/25)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 9/29/2023
For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online 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, **Friday, January 26, 2024**, so access to the online application 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 FundsTransfer (EFT), 1099 Form and current address.

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

Note: Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any 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 the preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website (click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>).

Updates to policies and procedures can be found on the GMIS bulletin board. All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification templates listed on the GMIS bulletin board.

Budget Justification Certification language

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

B. Application Name: WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN) WW24

- C. Purpose:** The Centers for Disease Control and Prevention's (CDC) Well-Integrated Screening and Evaluation for WOMen Across the Nation (WISEWOMAN) program is at the forefront of the nation's efforts to improve cardiovascular health for low-income, uninsured, and underinsured participants. Congress authorized the WISEWOMAN program in 1993 to extend the preventive health services offered to participants of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The intent is to expand services to NBCCEDP participants aged 35-64 to address cardiovascular health concerns in a population made vulnerable through social determinants of health.

* WISEWOMAN Subgrantees do not provide screening and diagnostic services. All screening and diagnostic services are provided by medical professionals under separate contract with the Ohio Department of Health. WISEWOMAN subrecipients are awarded funds for operational and administrative costs. Funds to be used for the reimbursement of screening and diagnostic services are not awarded to WISEWOMAN subgrantees and are managed by a Third-Party Administrator in a separate account.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Applicants must be a current Breast and Cervical Cancer Project (BCCP) Regional Enrollment Agency (REA) who serves any, or all, of the following counties: Muskingum, Scioto, Ross, Athens, Lawrence, Pike, and Jackson. Applicants must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Tuesday February 20, 2024.**

- E. Service Area:** WISEWOMAN services will be implemented in areas of Ohio where heart disease and stroke are prevalent. The current selected service area will be limited to counties identified with high hypertension prevalence located in the BCCP Southeast Region. Priority counties will include, but are not limited to, Muskingum, Scioto, Ross, Athens, Lawrence, Pike, and Jackson.

- F. Number of Grants and Funds Available:** One grant may be awarded for a total amount of \$127,500 from federal funds. Eligible agencies may apply for \$127,500.
- 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 Tuesday February 20, 2024**. Applications and required attachments received after this deadline will not be considered for review.

Contact Dawn Ingles, dawn.ingles@odh.ohio.gov, 1-614-728-2173 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill No. 119, GRF 440-438 and/or the Catalog of Federal Domestic Assistance (CFDA) Number 93.898, PHS Act, Sections 1501 – 1508 and 1510 [42 U.S.C. 300k, 42 U.S.C. 300n-4, 42 U.S.C. 300m, 42 U.S.C. 300n, 42 U.S.C. 300 n-1, 42 U.S.C. 300 n-2, 42 U.S.C. 300 n-3, 42 U.S.C. n-4, 42 U.S.C. 300 n-5] of the Public Health Service Act.

- I. Goals:** The primary goal of this project is to provide women, who are eligible for CDC BCCP services, age 35 – 64 years, additional services to reduce the risk of cardiovascular disease.

- J. Program Period and Budget Period:** The program period will begin 04/01/2024 and end on 09/30/2028. The budget period for this application is 04/01/2024 through 09/30/2025. The initial budget period for this application will be 18 months, with all future budget periods being 12 months.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness, 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes, 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health, and 7.2: Identify and Implement Strategies to Improve Access to Health Care Services. The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

- L. Public Health Impact Statement:** All applicants 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, note this when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. Evidence of Health Equity Strategies

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment Ohio's health data). <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment> .
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 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 the [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, community organizations, businesses, universities, 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.

[Note to Program: these requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:The following information is provided to explain key health equity concepts and terms.

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

M. Human Trafficking: 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.

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. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

X Applicable to WISEWOMAN.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Dawn Ingles, dawn.ingles@odh.ohio.gov, 1-614-728-2173 for questions regarding this Solicitation.
- P. Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **4:00 p.m. by Tuesday February 20, 2024.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.
- T. Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
 3. Is well executed and is capable of attaining program objectives.
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources.
 5. Estimates reasonable cost to the ODH, considering the anticipated results.

6. Show 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 to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation Program.

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

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, WISEWOMAN and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the National Center for Chronic Disease Prevention and Health Promotion grant, grant award number 6 NU58DP007666-01-01, and CFDA number 93.436.”

W. Reporting Requirements: Successful applicants are required to submit subrecipient program and expenditure reports. 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. [Additional language is optional]. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
April 1–30, 2024	May 10, 2024
May 1–31, 2024	June 10, 2024
June 1–30, 2024	July 10, 2024
July 1–31, 2024	August 10, 2024
August 1–31, 2024	September 10, 2024
September 1–30, 2024	October 10, 2024
October 1–31, 2024	November 10, 2024
November 1–30, 2024	December 10, 2024
December 1–31, 2024	January 10, 2025
January 1–31, 2025	February 10, 2025
February 1–28, 2025	March 10, 2025
March 1–31, 2025	April 10, 2025
April 1–30, 2025	May 10, 2025
May 1–31, 2025	June 10, 2025
June 1–30, 2025	July 10, 2025
July 1–31, 2025	August 10, 2025
August 1–31, 2025	September 10, 2025
September 1–30, 2025	October 10, 2025

Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.

Subrecipients will be required to attend a monthly meeting with their ODH program consultant and have at least one representative attend quarterly all region meetings. All region meetings will occur in the months of September, December, March, and May.

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

Period	Report Due Date
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 28 or 29, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
April 1 – June 30, 2024	July 10, 2024
July 1 – September 30, 2024	October 10, 2024
October 1 – December 31, 2024	January 10, 2025
January 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025
July 1 – September 30, 2025	October 10, 2025

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 **November 5, 2025**. 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, which 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 constitutes an authorization of the submission by the agency official and serves as electronic acknowledgment and acceptance of OGAPP rules and regulations.*

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.

5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

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

AA. Client Incentives and Client Enablers:

Client incentives are *unallowable cost*.

Client Enablers are an *allowable cost*. The following client enablers are allowed: *Items to eliminate barriers such as transportation via the usage of gas gift cards, taxi/rideshare services, or public transportation passes. All enablers budgeted should specify barriers to receiving services.*

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

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

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

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

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH Grants Services Unit, (GSU) within 30 days. Reference:

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

AC. Application Submission:

Formatting Requirements [Suggested language provided, but can be updated to reflect program-specific 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.
- Program narratives should not exceed 10 pages (**excluded appendices**, attachments, budget and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
submit
online**

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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s))**.
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
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 the Program include Resumes, Position Description (if applicable) and Workplan.

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding 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 constitutes authorization by the agency official and serves as an 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 ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 12-13 of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period April 1, 2024, to September 30, 2025.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

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

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

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

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

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

Base the budget solely upon direct costs. For further information on indirect costs, please see section B2.11 of OGAPP.

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

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

D. Project Narrative:

1. Executive Summary: Identify the target population, services, and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Provide a brief description of the personnel your agency/organization will dedicate to working on this project. Provide attached resumes for all key personnel. Attachment to be titled, Resumes. If personnel need to be hired, please provide details on job title, qualifications, and position description. Position description may be added as an attachment titled, Position Description.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities (see standards below).

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

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

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity. Applicant should utilize the Community Wellbeing SDOH Dashboard:

<https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>

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

Methodology: Respond to the WISEWOMAN grant strategies below in narrative form. Complete the attached workplan SMARTIE process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

Strategy 1: Increase the number of under- and uninsured CDC eligible BCCP participants, age 35-64, who receive a cardiovascular disease (CVD) risk assessment.

- Describe how your agency will identify potential participants.
- Describe how your agency will work closely with contracted WISEWOMAN clinics to identify potential participants.
- Describe how your agency will promote the WISEWOMAN program within the targeted counties.

Strategy 2: Provide ongoing case management to all WISEWOMAN participants utilizing the Med-IT Database to track services and referrals.

- Describe plan to ensure staff working on this grant learn the required WISEWOMAN data screens in Med-IT.
- Describe how your agency will actively work with contracted WISEWOMAN clinics, as part of a team, to ensure that all participants are receiving appropriate CVD screenings and follow-ups, and referrals to healthy behavior support services (HBSS) and/or other social/support services.

Strategy 3: Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.

- Describe a plan to work closely with the ODH Public Health Consultant to identify, enhance, and build the Unite Ohio platform.
- Subrecipient will be required to participate in the Unite Ohio platform. Please indicate your agency's willingness. More information about Unite Ohio can be found at: <https://uniteus.com/networks/ohio/>
- Describe how your agency will work closely with and collaborate with community groups in the priority counties who represent and serve the eligible population.

- 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 online automatically with each application online.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.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 in 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 must be uploaded in GMIS by **4:00** p.m. on or before Tuesday, February 20, 2024.

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Application Review Form
- D. Workplan

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of
Office of Medical Director

Bureau of Health Improvement & Wellness

ODH Program Title:
WISEWOMAN WW24

Submission Required

See due date below.

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

Reimbursement
Type

Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless for a new agency, NOIAF's will not be accepted if the 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 dawn.ingles@odh.ohio.gov by Friday, January 26, 2024.

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

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

GMIS Training, User Access, Access Change or Deactivation Request

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

Date: _____

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

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

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

Effective/Change Date: _____

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

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Deliver Requests to Maria Kapenda, Data System Administrator, 614.620.5184

Scan and Email: Maria.Kapenda@odh.ohio.gov

Appendix D

WISEWOMAN Work Plan

Instructions:

Use the following grid to develop activities to meet the strategies listed below that were submitted in your grant application. Progress made towards each strategy will be reported on monthly; describe activities including dates, how health disparities have been addressed, and any partners involved. Include a description of the successes and barriers for each strategy.

Strategy 1: Increased number of under- and uninsured CDC Eligible BCCP participants, age 35-64, who receive cardiovascular disease (CVD) risk assessment by 9/30/2025. Must include a minimum of 4 activities and address the following:		
<ul style="list-style-type: none">Plans to identify eligible women in targeted counties.Plans to work closely with WISEWOMEN approved clinics to identify eligible participants.		
Activities	Person(s) Responsible	Status Met, Ongoing, Not Met

Progress:

Strategy 2: Provide ongoing case management to all WISEWOMAN participants utilizing the Med-IT Database to track services and referrals. Must include a minimum of 3 activities and address the following:

- Run all necessary reports and queries in Med-IT.
- Complete all data screens and follow-up with WISEWOMAN clinics.
- Integrate, as possible, with the WISEWOMAN clinics, as part of the Team-Based Care.

Activities	Person(s) Responsible	Status Met, Ongoing, Not Met

Progress:

Strategy 3: Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support by 09/30/2025. Must include a minimum of 3 activities and address the following:

- Work closely with the ODH Public Health Consultant to identify, enhance and build the Unite Ohio platform.
- Attend all meetings to assist in building the bidirectional referral system, identifying HBSS and social services/support.
- Collaborate with community groups who represent and serve the priority population and priority areas.

Activities	Person(s) Responsible	Status Met, Ongoing, Not Met
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Progress:

Appendix C – WISEWOMAN
Application Review Form

Applicant Name: _____

GMIS #: _____

GMIS 2.0 Budget Issues		
Q: Do budget items in GMIS 2.0 relate to required grant objectives?	0	1 2
Q: Is the GMIS 2.0 budget justification section complete? (Provide info on personnel, other costs, equipment, supplies, and training costs) Described necessity and reasonableness of costs.	0	1 2
Q: Is total funding request at or below maximum funding allowed?	0	1 2
Requested funding amount:		
Notes:	Subtotal ____ / 6	
Executive Summary		
Q: Did the applicant identify the target population?	0	1 2
Q: Did the applicant describe the burden of health disparities and health inequities related to this grant funding?	0	1 2
Q: Did the applicant describe the public health problem(s) that the program will address?	0	1 2
Notes:	Subtotal ____ / 6	
Description of Applicant Agency/Documentation of Eligibility/Personnel		
Q: Applicant summarized the agency structure & management of the WISEWOMAN grant?	0	1 2
Q: Describe capacity to communicate to diverse audiences?	0	1 2
Q: Describe capacity to reach women in target populations?	0	1 2
Q: Describe plans for hiring & training required personnel/contractors. Include position descriptions?	0	1 2
Notes:	Subtotal ____ / 8	
Problem / Need		
Q: Identify and describe the health status concern(s) that will be addressed by the program.	0	1 2
Q: Identify segments of the target population who experience a disproportionate burden of health.	0	1 2
Notes:	Subtotal ____ / 4	

Strategy 1: Increase the number of under- and uninsured CDC eligible BCCP participants, age 35-64, who receive cardiovascular disease (CVD) risk assessment.					
Describe how your agency will identify potential participants.	0	1	2	3	4
Describe how your agency will work closely with contracted WISEWOMAN clinics to identify potential participants.	0	1	2	3	4
Describe how your agency will promote the WISEWOMAN program within the targeted counties.	0	1	2	3	4
Workplan completion for strategy 1 meets expectations.	0	1	2	3	4
<i>Notes:</i>	Subtotal ____ / 16				
Strategy 2: Provide ongoing case management to all WISEWOMAN participants utilizing the Med-IT Database to track services and referrals.					
Describe plan to ensure staff working on this grant learn the required WISEWOMAN data screens in Med-IT.	0	1	2	3	4
Describe how your agency will actively work with contracted WISEWOMAN clinics, as part of a team, to ensure that all participants are receiving appropriate CVD screenings and follow-ups, and referrals to healthy behavior support services (HBSS) and/or other social/support services.	0	1	2	3	4
Workplan completion for strategy 2 meets expectations.	0	1	2	3	4
<i>Notes:</i>	Subtotal ____ / 12				
Strategy 3: Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.					
Describe plan to work closely with the ODH Public Health Consultant to identify, enhance, and build the Unite Ohio platform.	0	1	2	3	4
Subrecipient will be required to participate in the Unite Ohio platform. Please indicate your agency's willingness. More information about Unite Ohio can be found at: https://uniteus.com/networks/ohio/	0	1	2	3	4
Describe how your agency will work closely with and collaborate with community groups in the priority counties who represent and serve the eligible population.	0	1	2	3	4
Workplan completion for strategy 3 meets expectations.	0	1	2	3	4
<i>Notes:</i>	Subtotal ____ / 16				

Reviewer Comments and Special Conditions			
Total Score ____ / 68 = ____ %			
Comments to Subgrantee:			
Special Conditions:			
Reviewer Signature:		Date:	